



3695 3rd. Ave
San Diego CA, 92103

PHONE (619) 460-5600
FAX (619) 460-5604

Networkx is an Equal Opportunity Employer.
Please inform the hiring manager if you require reasonable
accommodation to complete the application or interview.

APPLICATION FOR EMPLOYMENT

Please complete the entire application

Last Name	First Name	Date of Application	Preferred Gender Pronoun
Street Address		Telephone #	CA ID/ Driver License#
City	State	Zip	Email Address

Means of Transportation	Current Car Insurance Company	Insurance Expiration
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Employment record – starting with the present or most recent, list all previous employers. Include self – employment and summary of part-time jobs. If more space is required, please continue on a separate sheet. You may attach a resume but complete this application also.

Employer Name	Type of Business	Job Title	<input type="checkbox"/> Full time <input type="checkbox"/> Part time
Address		Brief Description of Job Duties	
City	State	Zip	Supervisor
Reason for Leaving			Dates Worked From _____ To _____
Employer Name	Type of Business	Job Title	<input type="checkbox"/> Full time <input type="checkbox"/> Part time
Address		Brief Description of Job Duties	
City	State	Zip	Supervisor
Reason for Leaving			Dates Worked From _____ To _____
Employer Name	Type of Business	Job Title	<input type="checkbox"/> Full time <input type="checkbox"/> Part time
Address		Brief Description of Job Duties	
City	State	Zip	Supervisor
Reason for Leaving			Dates Worked From _____ To _____
Employer Name	Type of Business	Job Title	<input type="checkbox"/> Full time <input type="checkbox"/> Part time
Address		Brief Description of Job Duties	
City	State	Zip	Supervisor
Reason for Leaving			Dates Worked From _____ To _____

Educational History

School Name	Location	Major Course or Subject	Dates Attended		Graduated	Degree
			From	To		

Summarize your special skills or qualifications

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Describe experiences supporting people with disabilities	Years of Experience	CPR / First Aid Expiration Dates
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Have you ever been fired from employment or asked to resign? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes- please describe:	Can you perform the essential job duties listed in position applied for without limitation? <input type="checkbox"/> Yes <input type="checkbox"/> No If no - please explain	List Language Spoken: Written:
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Criminal Background

Have you ever been convicted of any criminal offence? (Felony or Misdemeanor) within the last seven years.

Yes No

If Yes: Please explain

Employment Eligibility

Are you legally eligible to work in the United States?

Yes No

Professional / Work References

List two past employers and one non-related person who have knowledge of your qualifications for the positions for which you are applying.

Name	Relationship	Phone#	Occupation

May we contact your present employer?

If no, please explain

Date available for work	Mornings	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Afternoons	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Days	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Weekends	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Evenings	<input type="checkbox"/> Yes	<input type="checkbox"/> No	On-call	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Total Hours willing to work	Overnights	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Roommate	<input type="checkbox"/> Yes	<input type="checkbox"/> No

I certify that my answers are true and complete to the best of my knowledge. I authorize Networkx to make such investigations and inquire of my personal, employment, educational, or medical history and other related matters as may be necessary for an employment decision. I hereby release employers, school or persons from all liability in responding to inquiries in connection with my application. I understand that filling out this form does not indicate there is a position open and does not obligate Networkx to hire. I understand that any employment is conditional on background checks. If hired, I agree to abide by all company work rules, policies and procedures. I understand that my employment is contingent on valid social security number, work permit number or green card number, verification of birth, and any other pertained information bearing upon my employment that my continued employment depends upon the will of the company or myself. At - Will Disclaimer: If employed by Networkx, I hereby agree that such employment is at will and may be terminated by Networkx at any time without advance notice and without liability to me for wages or salary. I further understand that any such termination may be for any reason or no reason at all.

Signature _____

For Office Use: Reference Check

Name	Date / Time	Outcome

Educational History

School Name	Location	Major Course or Subject	Dates Attended		Graduated	Degree
			From	To		

Summarize your special skills or qualifications

Describe experiences supporting people with disabilities	Years of Experience	CPR / First Aid Expiration Dates
Have you ever been fired from employment or asked to resign? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes- please describe:	Can you perform the essential job duties listed in position applied for without limitation <input type="checkbox"/> Yes <input type="checkbox"/> No If No – please explain	List Language Spoken: Written:

Criminal Background

Employment Eligibility

Have you ever been convicted of any criminal offence (Felony or Misdemeanor) within the last seven years. <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Please explain	Are you legally eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No
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	Days	<input type="checkbox"/> Yes <input type="checkbox"/> No	Weekends	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Evenings	<input type="checkbox"/> Yes <input type="checkbox"/> No	On-call	<input type="checkbox"/> Yes <input type="checkbox"/> No
Total Hours willing to work	Overnights	<input type="checkbox"/> Yes <input type="checkbox"/> No	Roommate	<input type="checkbox"/> Yes <input type="checkbox"/> No

I certify that my answers are true and complete to the best of my knowledge. I authorize Networx to make such investigations and inquire of my personal, employment, educational, or medical history and other related matters as may be necessary for an employment decision. I hereby release employers, school or persons from all liability in responding to inquiries in connection with my application. I understand that filling out this form does not indicate there is a position open and does not obligate Networx to hire. I understand that any employment is conditional on background checks. If hired, I agree to abide by all company work rules, policies and procedures. I understand that my employment is contingent on valid social security number, work permit number or green card number, verification of birth, and any other pertained information bearing upon my employment that my continued employment depends upon the will of the company or myself. At – Will Disclaimer: If employed by Networx, I hereby agree that such employment is at will and may be terminated by Networx at any time without advance notice and without liability to me for wages or salary. I further understand that any such termination may be for any reason or no reason at all.

Signature _____

For Office Use: Reference Check

Name	Date / Time	Outcome

DISCLOSURE FORM TO OBTAIN CONSUMER REPORTS FOR EMPLOYMENT PURPOSES

Please Read Carefully Before Signing the Authorization

DISCLOSURE

In considering you for employment and, if you are employed, in considering you for subsequent promotion, assignment, reassignment, retention, or discipline, Networx, Inc. ("the Company") may request and rely upon one or more consumer reports or investigative consumer reports about you that we obtain from a consumer reporting agency, such as IntelliCorp Records, Inc.

IntelliCorp Records, Inc. can be contacted by mail at 3000 Auburn Dr, Suite 410; Beachwood, OH 44122; or phone: 1-888-946-8355; or website: www.intellicorp.net.

For explanation purposes:

- a "consumer report" is a written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in making an employment-related decision about you. Such information may include, for example, credit information, criminal history reports, or driving records; and
- an "investigative consumer report" is a consumer report in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your prior employers, neighbors, friends, or associates, or with others who may have knowledge concerning any such items of information. In the event an investigative consumer report is requested about you, you are entitled to additional disclosures regarding the nature and scope of the investigation requested, as well as a written summary of your rights under the Fair Credit Reporting Act ("FCRA").

Under the FCRA, before the Company can obtain a consumer report or investigative consumer report about you for employment purposes, we must have your written authorization. Before we take adverse action on the basis, in whole or in part, of information in that report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.

AUTHORIZATION

We will be obtaining a consumer report from IntelliCorp Records, Inc.; 3000 Auburn Dr; Suite 410; Beachwood, OH 44122; 1-888-946-8355; www.intellicorp.net. You have the right to request from that agency, upon proper identification, the nature and substance of all information in its files on you, including the sources of information, and the recipients of any reports on you, which the agency has previously furnished within the three-year period preceding your request. You may view the file maintained on you by the agency during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services. Upon making a written request, you may receive a summary of your report via telephone.

I have read and understand the foregoing Disclosure, and authorize Networkx, Inc. to obtain and rely upon consumer reports or investigative consumer reports concerning me obtained from IntelliCorp Records, Inc.

By my signature below, I authorize the Company to obtain any such reports and to share the information received with any person involved in their decision about me.

I also consent to have any legally required notices sent electronically.

I do do not authorize you to contact, through IntelliCorp Records, Inc., my current employer for Employment and Reference Verifications. *(Checking "I do" will authorize inquiries to the Human Resources Department and to any listed supervisors.)*

- You may request a free copy of any consumer report or investigative consumer report we obtain on you by checking the box.

Printed Name

Applicant Signature

Date

Parent or Legal Guardian Signature
(for searches conducted on minors under
the age of 18)

Date

NOTICE REGARDING BACKGROUND CHECKS PER CALIFORNIA LAW

Networkx intends to obtain information about you for employment screening purposes from a consumer reporting agency. Thus, you can expect to be the subject of “investigative consumer reports” obtained for employment purposes. Such reports may include information about your character, general reputation, personal characteristics and mode of living. With respect to any investigative consumer report from an investigative consumer reporting agency (“ICRA”), the Company may investigate the information contained in your employment application and other background information about you, including but not limited to obtaining a criminal record report, verifying references, work history, your social security number, your educational achievements, licensure, and certifications, your driving record, and other information about you, and interviewing people who are knowledgeable about you. The results of this report may be used as a factor in making employment decisions. The source of any investigative consumer report (as that term is defined under California law) will be **IntelliCorp Records, Inc., 3000 Auburn Drive, Suite 410, Beachwood, Ohio 44122; Tel. No. 1.888.946.8355; www.intellicorp.net**. The Company agrees to provide you with a copy of an investigative consumer report when required to do so under California law.

Under California Civil Code section 1786.22, you are entitled to find out what is in the ICRA’s file on you with proper identification, as follows:

- In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The ICRA may not charge you more than the actual copying costs for providing you with a copy of your file.
- A summary of all information contained in the ICRA’s file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request, with proper identification, for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.
- By requesting a copy be sent to a specified addressee by certified mail. ICRA’s complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the ICRA’s.

“Proper Identification” includes documents such as a valid driver’s license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the ICRA require additional information concerning your employment and personal or family history in order to verify your identity.

The ICRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection. You may be accompanied by one other person of your choosing, who must furnish reasonable identification. An ICRA may require you to furnish a written statement granting permission to the ICRA to discuss your file in such person’s presence.

Personal Data

Last Name First Name Middle Name

Current Address Dates Lived Here

Date of Birth Other Names Used (including maiden name) Years Used

Social Security Number Driver's License # DL State

Email address (may be used for official correspondence)

I have the right to make a request to **IntelliCorp Records, Inc**, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which **IntelliCorp Records, Inc** has previously furnished within the two year period preceding my request.

I certify that all elements of the personal data I have provided are true, accurate and complete.

Printed Name

Applicant Signature

Date