

# STARFISH THERAPIES

Making a Difference

1541 Old Bayshore Highway | Burlingame, CA 94010  
650.638.9142 | fax 650.638.9141  
www.starfishtherapies.com

Starfish Therapies is an Equal Opportunity Employer.

Please complete.

## Employment Application

DATE			
FIRST NAME	LAST NAME	MI	PREFERRED PRONOUNS
CURRENT STREET ADDRESS	CITY	STATE	ZIP
PERMANENT ADDRESS (IF DIFFERENT FROM CURRENT)	CITY	STATE	ZIP
BUSINESS PHONE	HOME PHONE		
EMAIL			

## Employment Desired

Position applying for: \_\_\_\_\_

## Personal Information

Have you ever applied to or worked for Starfish Therapies?    Yes    No

If yes, when? \_\_\_\_\_

We may refuse to hire relatives of present employees if doing so could result in actual or potential problems in supervision, security, safety or morale, or if doing so could create conflicts of interest.

Do you have relatives working for Starfish Therapies?    Yes    No

If yes, state name(s) and relationships:

NAME	RELATIONSHIP
NAME	RELATIONSHIP

Why are you interested in applying for work at Starfish Therapies?

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If hired, would you have a reliable means of transportation to and from work? Yes No

Are you at least 18 years old? Yes No

(If under 18, hire is subject to verification that you are of minimum legal age.)

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes No

If no, describe the functions that cannot be performed.

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(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

### Education, Training, and Experience

<b>HIGH SCHOOL</b>	NAME	NO. OF YEARS COMPLETED	
	ADDRESS	DID YOU GRADUATE? Yes No	DEGREE OR DIPLOMA
	CITY	STATE	ZIP
<b>COLLEGE/ UNIVERSITY</b>	NAME	NO. OF YEARS COMPLETED	
	ADDRESS	DID YOU GRADUATE? Yes No	DEGREE OR DIPLOMA
	CITY	STATE	ZIP
<b>VOCATIONAL/ BUSINESS</b>	NAME	NO. OF YEARS COMPLETED	
	ADDRESS	DID YOU GRADUATE? Yes No	DEGREE OR DIPLOMA
	CITY	STATE	ZIP
<b>HEALTH CARE TRAINING</b>	NAME	NO. OF YEARS COMPLETED	
	ADDRESS	DID YOU GRADUATE? Yes No	DEGREE OR DIPLOMA
	CITY	STATE	ZIP

## Employment History

EMPLOYER NAME 1				PHONE NUMBER		
TYPE OF BUSINESS				SUPERVISOR NAME		
ADDRESS			CITY	STATE	ZIP	
DATES OF EMPLOYMENT	FROM	TO	WAGES Hourly    Annual		STARTING	ENDING
POSITION TITLE AND RESPONSIBILITIES						
REASON FOR LEAVING						

EMPLOYER NAME 2				PHONE NUMBER		
TYPE OF BUSINESS				SUPERVISOR NAME		
ADDRESS			CITY	STATE	ZIP	
DATES OF EMPLOYMENT	FROM	TO	WAGES Hourly    Annual		STARTING	ENDING
POSITION TITLE AND RESPONSIBILITIES						
REASON FOR LEAVING						

## References

(List 3 individuals not related to you who have knowledge of your work performance within the last 3 years.)

FIRST NAME		LAST NAME		PHONE NUMBER	
ADDRESS		CITY	STATE	ZIP	
OCCUPATION		NO. OF YEARS ACQUAINTED			
FIRST NAME		LAST NAME		PHONE NUMBER	
ADDRESS		CITY	STATE	ZIP	
OCCUPATION		NO. OF YEARS ACQUAINTED			
FIRST NAME		LAST NAME		PHONE NUMBER	
ADDRESS		CITY	STATE	ZIP	
OCCUPATION		NO. OF YEARS ACQUAINTED			

**Please Read Carefully, Initial Each Paragraph and Sign Below**

\_\_\_\_\_  
INITIAL

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_  
INITIAL

I hereby authorize Starfish Therapies and its subsidiaries to thoroughly investigate my references, work record, education and other matters related to my suitability for employment unless otherwise specified above. I further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_  
INITIAL

I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Company's designated representative.

\_\_\_\_\_  
INITIAL

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT'S SIGNATURE

**Optional**

Should a search of public records be conducted by internal personnel employed by the Company, I am entitled to copies of any such public records obtained by the Company unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below. "Public records" are defined by California state law and means records documenting an "arrest, indictment, conviction, civil judicial action, tax lien, or outstanding judgment." (Civil Code section 1786.53) Any public records request conducted by internal personnel employed by the Company will only be used to the extent allowed by federal, state, or local law.

I waive receipt of a copy of any public record described in the paragraph above.

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DATE

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APPLICANT'S SIGNATURE

**Optional**

The information requested below is necessary for the specific position for which you are applying. A "yes" answer will not necessarily disqualify you from the position. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position applied for may, however, be considered.

Any information regarding criminal history will be maintained confidentially.

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)?

(Please do not list misdemeanor convictions for marijuana-related offenses that are more than two years old and convictions that have been judicially dismissed or ordered sealed pursuant to law.)

Yes      No

If yes, state nature of the crime(s), when and where convicted, and disposition of the case.

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\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT'S SIGNATURE