



PLEASE ENSURE YOUR COMPLETED APPLICATION IS LEGIBLE

No Ordinary Moments

16742 Gothard Street, Suite #115 Huntington Beach, CA 92647

Telephone: (714) 848-3800/FAX: (714) 848-3075

www.noordinarymoments.com

Employment Application

(Please print form when completed)

Position Applied for		Type of employment available to work <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Full or Part Time		Date of this Application
Name (Last)	(First)			(Middle)
Address (Street)	(City)	(State)	(Zip Code)	
Cell Telephone	(Email Address)	(Home Telephone)	(Alternate Email or Phone)	
Do you have any relevant work experience working with individuals with developmental disabilities? Yes <input type="checkbox"/> No <input type="checkbox"/>	If you answered "yes," where did you receive your experience?		If you answered "yes," what type of specific experience do you possess?	
Date Available to Start Work:				
Are you lawfully authorized, do you have the legal right to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/> (Each new employee will be required to provide document verification of identity and employment authorization.)				
If you are under 18 years of age, can you provide a work permit that authorizes you to work, if required, if offered the job? Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable <input type="checkbox"/>				
Have you previously been employed with this organization? No <input type="checkbox"/> Yes <input type="checkbox"/> (If yes, when and which position?)				
Do you have a valid California Driver's License or out of state driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/>		Do you have a reliable means of transportation? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If a private vehicle is utilized for company purposes validation of an unexpired license and proof of personal minimum liability insurance coverage, per the State of California's mandates is required. If hired, can you provide proof of insurance? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Are you able to perform the essential duties of the position for which you are applying, either with or without reasonable accommodation? Yes <input type="checkbox"/> No <input type="checkbox"/>				
WORK SHIFTS AVAILABLE TO WORK				
Days Available to Work	Available Day Hours Enter Specific Hours		Available Evening Hours Enter Specific Hours	Available Overnight Hours Enter Specific Hours
Monday: Yes <input type="checkbox"/> No <input type="checkbox"/>				
Tuesday: Yes <input type="checkbox"/> No <input type="checkbox"/>				
Wednesday: Yes <input type="checkbox"/> No <input type="checkbox"/>				
Thursday: Yes <input type="checkbox"/> No <input type="checkbox"/>				
Friday: Yes <input type="checkbox"/> No <input type="checkbox"/>				
Saturday: Yes <input type="checkbox"/> No <input type="checkbox"/>				
Sunday: Yes <input type="checkbox"/> No <input type="checkbox"/>				

FAILURE TO COMPLETE THE ENTIRE WORK EXPERIENCE SECTION THAT REFLECTS YOUR LAST 5 YEARS OF EMPLOYMENT MAY RESULT IN DISQUALIFICATION OF YOUR EMPLOYMENT APPLICATION FOR CONSIDERATION OF EMPLOYMENT WITH NO ORDINARY MOMENTS, INC.

WORK EXPERIENCE

Please list your employment experience for the last five years. Please start with your most recent employer. If applicable, you may list work performed on a voluntary basis. Please attach another page, if necessary.

Name of current or most recent employer:		Address of current or most recent employer		Website, telephone number and type of business:	
Dates of Employment From: ____ To: ____ Full Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Hours Per Week		Currently Employed Yes <input type="checkbox"/> No <input type="checkbox"/>		Reason for leaving, if not currently employed <input type="checkbox"/> Resignation <input type="checkbox"/> Layoff <input type="checkbox"/> Other (If other, please explain)	
Current or most recent position(s)		Describe your job duties			
Your Supervisor's Name	Your Supervisor's Position	Your Supervisor's Telephone	May we contact your employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Name of Employer:		Address of employer		Website, telephone number and type of business:	
Dates of Employment From: ____ To: ____ Full Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Hours Per Week		Currently Employed Yes <input type="checkbox"/> No <input type="checkbox"/>		Reason for leaving, if not currently employed <input type="checkbox"/> Resignation <input type="checkbox"/> Layoff <input type="checkbox"/> Other (If other, please explain)	
Position(s)		Describe your job duties			
Your Supervisor's Name	Your Supervisor's Position	Your Supervisor's Telephone	May we contact your employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Name of Employer:		Address of employer		Website, telephone number and type of business:	
Dates of Employment From: ____ To: ____ Full Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Hours Per Week		Currently Employed Yes <input type="checkbox"/> No <input type="checkbox"/>		Reason for leaving, if not currently employed <input type="checkbox"/> Resignation <input type="checkbox"/> Layoff <input type="checkbox"/> Other (If other, please explain)	
Position(s)		Describe your job duties			
Your Supervisor's Name	Your Supervisor's Position	Your Supervisor's Telephone	May we contact your employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		

CERTIFICATION/TRAINING/EDUCATION/SKILL

Please list job-related training, certifications, skills and/or knowledge you have acquired. Please omit those or specific references that include race, color, religion, national origin, ancestry, sex, age or the existence of a disability. List items such as job-related skills, certificates you have received, seminars you have attended and on-the-job training.

Skills	<input type="checkbox"/>	TYPE OF CERTIFICATION/TRAINING/SKILL/KNOWLEDGE
Training/ On-the-job Training	<input type="checkbox"/>	
Certificate	<input type="checkbox"/>	
Seminar/School	<input type="checkbox"/>	
Other	<input type="checkbox"/>	

PROFESSIONAL REFERENCES (Please do not list relatives)

Name	Position	Company	Telephone
1.			
2.			

Thank you for applying for employment with No Ordinary Moments. Please include any additional job-related information that would be helpful to evaluate your qualifications. Please omit those or specific references that include race, color, religion, national origin, ancestry, sex, age or the existence of a disability.

How did you hear about this position? Advertisement Where? Other Where?

I hereby certify that the information contained in this application form is true and correct to the best of my knowledge and agree to have any of the statements/information checked by No Ordinary Moments unless I have indicated to the contrary. I authorize the references listed above, as well as all other individuals whom No Ordinary Moments contacts, to provide No Ordinary Moments any and all information concerning my previous employment and any other pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to No Ordinary Moments as well as from any use or disclosure of such information by No Ordinary Moments or any of its agents, employees or representatives. I understand that any misrepresentation, falsification or material omission of information on this application may result in my failure to receive an interview or offer or, if I am hired, my immediate dismissal from employment.

In consideration of my employment, I agree to conform to the rules and standards of No Ordinary Moments, as amended from time to time in the company's sole discretion. I further agree that my employment and compensation can be terminated at will, with or without cause, and with or without notice, at any time, either at my option or at the option of No Ordinary Moments. I understand that no employee or representative of No Ordinary Moments, other than its president, has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. Further, the president of No Ordinary Moments may not alter the at-will nature of the employment relationship, or enter into any employment agreement unless the president and I both sign a written agreement that clearly and expressly specifies the intent to do so. I agree that this constitutes an integrated agreement with respect to the at-will nature of my employment relationship, that it is final and fully binding, and that there are no oral, written or collateral agreements regarding this issue.

I also understand that all offers of employment are conditioned on the provision of satisfactory proof of an applicant's identity and legal authority to work in the United States, as well as the satisfactory completion of the post-offer process including reference checks.

Signature

Date

Print Name

FAILURE TO COMPLETE THE ENTIRE EMPLOYMENT APPLICATION AND/OR OMISSIONS MAY RESULT IN DISQUALIFICATION OF YOUR EMPLOYMENT APPLICATION FOR CONSIDERATION OF EMPLOYMENT WITH NO ORDINARY MOMENTS, INC. ALSO, ENSURE YOUR COMPLETED APPLICATION IS LEGIBLE. THE EMPLOYMENT APPLICATION CONSISTS OF 3 PAGES.

