

WHY WORK FOR COASTAL KIDS?

- Positive Work Environment
- Flexible Hours
- Opportunities for Growth

POSITIONS OPEN

- Part time and Full time
- Nursing (CNA, LV, RN)
- Social Work/Counseling (ACSW, AMFT, LCSW, LMFT)

"I absolutely love working for Coastal Kids. It has been amazing working with the kids and really building bonds with them and their families. We also have really amazing staff who are just so supportive and we really care for each other and rely on each other for help. As a mom of three, I get to have a flexible schedule so that I get to be home by the time my kids get out of school and that is such a benefit. It's truly such a blessing to work with someone like Coastal Kids." --Lulu, RN

"I'm a mom and I have two young kids, at CK I have autonomy to create my schedule to put my family first. I can be great at my job and a wonderful mom at the same time." --Stephanie, ACSW

"I love the strong relationships we build at CK, it really supports my ability to perform at my best when I work with a strong, creative and dedicated team. Working with pediatrics and bereaved of all ages is very rewarding if it is for you." --Angelica, ACSW

GENERAL REQUIREMENTS:

EMAIL A COMPLETED APPLICATION (SEE BELOW AND YOUR RESUME TO :

saguirre@coastalkidshomecare.org



1172 S. Main Street. #125 Salinas, CA 93901 (800) 214-5439 – Phone (831) 796-0334 - Fax margy@coastalkidshomecare.org www.coastalkidshomecare.org

COASTAL KIDS HOME CARE IS AN EQUAL OPPORTUNITY EMPLOYER

State and federal laws prohibit discrimination in employment because of race, color, national origin, ancestry, sex, gender (including gender identity and gender expression), religion, age, mental or physical disability, military or veteran status, medical condition, marital status, sexual orientation, pregnancy, or any other characteristic protected by federal, state or local law.

NOTE: Please answer all questions completely and accurately. False or misleading statements during the interview and/or on this form are grounds for terminating the application process, or if discovered after employment, terminating the employment relationship.

PERSONAL INFORMATION

	Address:						
		Street			City	State	Zip
	Telephone	Number:	()	-	4. Email Ac	ddress	
	Are you at	least 18 year	rs old? ∐Yes	. No If employ	yed & under the age	of 18, can you furnish a v	vork permit?
. 1	Do you ha	ve a legal rig	ht to work in	the United Stat	es? 🗌 Yes [□ No	
ļ	If employed	d, you will be r	equired to pro	vide proof.			
. 1	Have you	applied to Co	astal Kids Ho	me Care for en	nployment in the p	oast? 🗌 Yes 🗎 No)
ļ	If yes, whe	n?			Position appli	ed for:	
i. I	Do you ha	ve any relativ	es currently	employed by C	oastal Kids Home	Care?	□ No
١	If yes, who	?			What relation to	o you?	
	Have you	ever used an	other name th	nat we would ne	eed to verify your e	employment experienc	ce and education?
		No If you is	ndicate such n	ame and the da	te the name change	ed:	
	☐ Yes ☐	J NO 11 yes, 11					

POSITION 1. Position for which you are applying: First Choice Second Choice Salary/wage desired: per 3. Are you available to work: ☐ Full-Time ☐ Part-Time ☐ Temporary On-Call Evenings ☐ Weekends Overtime ☐ Split Shift Other: 4. When would you be available to start working? 5. How did you hear about the availability of the position for which you are applying? ☐ Advertisement ☐ Employment Agency ☐ Current Employee Friend ☐ Relative ☐ Walk-In Other: 6. If the position you are applying for requires the use of a vehicle, do you have a valid driver's license? Yes No _____ Class: ____ State: ____ Expiration Date: ____ 7. Have you been given a Job Description, or have the requirements of the job been explained to you? \(\subseteq \text{Yes} \subseteq \text{No} \) Do you understand these requirements? ☐ Yes ☐ No 8. Can you perform any or all of the job functions for the position you are seeking, either with or without reasonable accommodation? Yes No 9. Can you meet the attendance standard of our company, which requires all employees to report for work on time for all scheduled days or shifts? Yes No SPECIAL SKILLS AND TRAINING 1. Describe specialized training, apprenticeships, skills or research: 2. List current certifications and/or professional licenses, if any, and where registered: 3. Office/business equipment and software qualified or trained to use: Please Check Software and List Programs 4. Check special skills or training: (i.e., Word, Excel, etc.): ☐ Active CA RN License ☐ Healthcare Experience ☐ Word Processing □ basic □ adv. ☐ Pediatric Experience ☐ Medical Billing ☐ Spreadsheet ☐ basic ☐ adv. ☐ Hospice Experience ☐ Office Management ☐ Database ☐ PALS Certification ☐ Administration ☐ Accounting ☐ basic ☐ adv. ☐ NALS Certification ☐ Other ☐ basic ☐ adv. 5. Please indicate any language skills, other than English, below: **READING SPEAKING UNDERSTANDING WRITING LANGUAGE** FLUENT GOOD GOOD FLUENT FAIR FAIR FLUENT FAIR GOOD FLUENT GOOD FAIR П П П

EMPLOYMENT EXPERIENCE

<u>Directions</u>: Begin with your present or last job. Account for all periods of time, including military experience, and periods of unemployment and the nature of your activities. Since we will make every effort to contact previous employers, the correct telephone numbers are appreciated.

THE FOLLOWING MUST BE COMPLETED IN DETAIL- RESUMES ARE NOT ACCEPTED IN LIEU OF THIS INFORMATION.

1.	Employer			Dates Employed		Key	Key Responsibilities	
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	Address							
		T		ull-Time	☐ Part-Time			
	Telephone Number	Supervisor's Name, Title	and Telepl	hone Nu	mber			
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	Reason for Leaving: Why?	Resigned Laid off Disc	harged					
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7.	Employer	Dates Emplo	,	Address	3		Job Title	

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Graduate So	school		From:	Degree: ☐ Yes ☐ No	_1 _	2 🗆 3 🗆 4
Business/Trade/O	Other School		From: To:	Degree: ☐ Yes ☐ No	_1 _	2 🗆 3 🗆 4
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