



# APPLICANT PACKET

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Return via email to: [etidmarsh@optionsfs.org](mailto:etidmarsh@optionsfs.org)

Return via fax to: 805-772-6067

Revised 1/1/2024



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1201 Palm Street • San Luis Obispo, CA 93401  
805•772-6066 • FAX: 805•772-6067 • [www.optionsfs.org](http://www.optionsfs.org)

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Dear Applicant:

Thank you for your interest in OPTIONS. We are an Equal Opportunity Employer who engages employees without regard to sex, age, religion, citizenship, disability, sexual orientation, or racial, national, or ethnic background, or any other basis prohibited by applicable law. The mission of OPTIONS is to provide quality services for persons with barriers to independent living, including intellectual disabilities, head injuries and related disabling conditions. To that end, OPTIONS strives to employ only the most qualified individuals.

As a part of the post-employment process, you will be required to undergo a physical examination to confirm that your health and physical abilities are consistent with the essential functions of the position for which you are employed. The examination includes a tuberculosis skin test. You are also required to grant us your permission to conduct a background search of your personal history and driving record. This investigation will include a review by the Criminal Justice Information System and confidential inquiries and reference checks.

OPTIONS places a high value on in-service training and you will be required to complete a comprehensive paid training program in order to maintain your employment.

Any offer of employment which is made to you is expressly conditional upon receipt by OPTIONS of satisfactory background information and verification of the information which you submit with your Employment Application. If OPTIONS ascertains that your background information is unsatisfactory, or if you have misstated or omitted material information on your Employment Application, your conditional offer of employment will be revoked and you will be ineligible for further employment with OPTIONS.

As you fill out the Application for Employment, please write legibly and complete all sections.

Sincerely,

Erin Tidmarsh  
Human Resources Director

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***“Full Inclusion”***

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## APPLICATION FOR EMPLOYMENT

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Applicant's Name: \_\_\_\_\_

**IMPORTANT:** This organization supports Federal, State and local laws prohibiting discrimination based on race (including protective hairstyles and hair texture), religion (including religious belief, observance, dress or grooming practices), creed, color, sex, sex stereotype, pregnancy, childbirth or related medical conditions (including breastfeeding), age (40 years or over), sexual orientation, gender, gender identification and expression, transgender status, transitioning employees, physical or mental disability, medical condition (including cancer), genetic characteristics, genetic information, family care, reproductive health decision-making, marital status, registered domestic partner status, enrollment in any public assistance program, status as military, or as a veteran or as a qualified disabled veteran, status as an unpaid intern or volunteer, ancestry, citizenship, national origin, protected medical leaves (including a request for or approval of leave under applicable leave of absence laws), domestic violence victim status, political affiliation, reproductive health decision-making, which includes, without limitation, a decision to use or access a particular drug, device, product or medical service for reproductive health, off duty and off-site cannabis use or any other classification protected by law. Please advise us if any accommodations are required to assist you in the application process.

**NOTE:** This Application form was designed for use by persons applying for various types of positions. Some questions may not be completely applicable to your situation, but we ask that you answer all job-related inquiries to the best of your ability.

Position you are applying for: \_\_\_\_\_

Applying for:    \_\_\_\_\_ Full-time            \_\_\_\_\_ Weekdays            \_\_\_\_\_ Day  
                         \_\_\_\_\_ Part-time            \_\_\_\_\_ Weekends            \_\_\_\_\_ Evening

Days of week available: \_\_\_\_\_

Hours available: \_\_\_\_\_

Date of application: \_\_\_\_\_

Date available: \_\_\_\_\_

How did you hear about us: \_\_\_\_\_

Have you ever applied for a position with us?    Yes\_\_\_    No\_\_\_    If "yes", when? \_\_\_\_\_

Have you worked for OPTIONS before?    Yes\_\_\_    No\_\_\_.

Do you have a relative working here?    Yes\_\_\_    No\_\_\_    If "yes", state the name and relationship:

Can you perform all of the job functions of the position for which you have applied, with or without reasonable accommodations?    Yes\_\_\_    No\_\_\_

**PERSONAL DATA**

Name: \_\_\_\_\_ (Last)

Present Address: \_\_\_\_\_  
(No. and Street- no P.O. Boxes) (City) (State) (Zip)

Telephone No. Home: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

E-mail address \_\_\_\_\_

Have you lived outside of California in the last 5 years? Yes\_\_\_ No\_\_\_

If so, list the city and state and dates where you lived, starting with the most recent:

From / To	City	State
▼	▼	▼

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If employment is offered, can you submit a valid California I.D., social security card, proof of citizenship, or verification of your legal right to work in the U.S.? Yes\_\_\_ No\_\_\_

Are you over 18 years of age? Yes\_\_\_ No\_\_\_

Have you ever been convicted of a felony or misdemeanor? (You need not disclose any marijuana-related offenses covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and 11361.7.) Yes\_\_\_ No\_\_\_

If "yes", please explain \_\_\_\_\_  
\_\_\_\_\_

Are you available to work overtime if requested? Yes\_\_\_ No\_\_\_

Would you be willing to transfer to a different OPTIONS' program or site from the one for which you may be initially hired? Yes\_\_\_ No\_\_\_

List names of three persons who can information about your background, character, abilities, etc.

Name	Address	Telephone Number	Relationship to You (friend, employer, etc)

**PREVIOUS EMPLOYMENT RECORD**

List all employers for last 10 years starting with your most recent or current job. Include any periods of unemployment, with explanation, and volunteer experience. Use the back of this page if you need more space.

1. Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Work Performed: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_
  
2. Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Work Performed: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_
  
3. Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Work Performed: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_
  
4. Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Work Performed: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Have you ever been terminated (fired) or forced to resign from any employment? Yes\_\_\_ No\_\_\_.

If "yes", please explain: \_\_\_\_\_

If you have previously worked under another name, please provide the name here, with relevant dates: \_\_\_\_\_

May we contact your present employer? Yes\_\_\_ No\_\_\_ Please identify any reasons for not contacting: \_\_\_\_\_

May we contact your previous employers? Yes\_\_\_ No\_\_\_ Please identify any reasons for not contacting: \_\_\_\_\_

**EDUCATIONAL DATA**

School	Name, Number, Street, City, State and Zip Code	No. Years Completed	Degree	Major Course of Study
High School			High School Diploma/GED Yes No (circle one)	
College			Yes No (circle one) Degree:	
Graduate School			Yes No (circle one) Degree:	
Trade or Business School				
Other				

Other training you have received (including specific related education courses, etc.) \_\_\_\_\_

Special qualifications and skills (including licenses or Certificates of Competence held) \_\_\_\_\_

Other information or outside experience you wish considered or professional associations of which you are a member \_\_\_\_\_

**DRIVER'S QUESTIONNAIRE**

- Do you currently possess a valid driver's license? Yes\_\_\_ No\_\_\_ If so, what state? \_\_\_\_\_  
License No. \_\_\_\_\_
- Has your license ever been revoked or suspended? Yes\_\_\_ No\_\_\_
- Have you had your license for at least 2 years: Yes\_\_\_ No\_\_\_
- Do you have a car available? Yes\_\_\_ No\_\_\_ (*Employees are sometimes required to use their own cars in fulfilling job responsibilities.*)
- Do you presently have points on your driving record? Yes\_\_\_ No\_\_\_ If so, how many? \_\_\_\_\_
- Have you had an "at fault" accident in the last five (5) years? Yes\_\_\_ No\_\_\_.  
If "yes", please explain: \_\_\_\_\_

## APPLICANT WAIVER

I hereby affirm that the information provided on this application (and accompanying résumé, if any) is true and complete to the best of my knowledge. I also agree that any falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

Any time after a conditional offer of employment or during employment, if hired, I authorize any physician or health care provider to release information advising OPTIONS: (1) whether I am currently able to perform the specific job for which I am being considered or employed with or without reasonable accommodation and the basis for such conclusions; (2) whether I can perform the job without posing a direct threat to the health or safety of myself or others;

I authorize any of the persons or organizations referenced in the Application for Employment that I have completed for OPTIONS to give OPTIONS any and all information concerning my previous employment, education, or any other information they might have regarding my ability to perform the duties of the position for which I have applied. I release all such persons or organizations from all liability for any damage that may result from furnishing such information to OPTIONS. I authorize OPTIONS to request and receive such information, and I further understand that an authorization will accompany any such request for information. I request that any persons or organizations contacted by OPTIONS provide such information as may be requested.

In consideration of my employment and my being considered for employment by OPTIONS, I agree to conform to the rules and regulations of OPTIONS and acknowledge that these rules and regulations may be changed, interpreted, withdrawn, or added to by OPTIONS at any time, at OPTIONS' sole discretion and without any prior notice to me. I further acknowledge that my employment may be terminated, and any offer of employment, if such is made, may be withdrawn, with or without prior notice, at any time.

I understand that no representative of OPTIONS, other than the Chief Executive Officer, Human Resources Director, or their designee has any authority to enter into any agreement for employment for any specified period of time, or assure or make some other personnel move, either prior to commencement of employment or after I have become employed, or to assure any benefits or terms and conditions of employment, or make any agreement contrary to the foregoing.

*I UNDERSTAND THAT TO THE EXTENT PERMITTED BY APPLICABLE LAW MY EMPLOYMENT IS TERMINABLE-AT-WILL, THAT I AM NOT BEING EMPLOYED FOR ANY SPECIFIED TIME, AND THAT THIS APPLICATION IS NOT AND IS NOT INTENDED TO BE A CONTRACT FOR CONTINUED EMPLOYMENT. I UNDERSTAND THAT I HAVE THE RIGHT TO TERMINATE THE EMPLOYMENT RELATIONSHIP FOR ANY REASON WITH OR WITHOUT CAUSE AT ANY TIME, AND OPTIONS RESERVES THE RIGHT TO DO THE SAME.*

I understand that according to federal law all individuals who are hired must, as a condition of employment, produce certain documentation to verify their identity and U.S. citizenship status or, if aliens, their legal authorization to work in the U.S. As a consequence, I understand that any offer of employment would be contingent on my ability to produce the required documentation within the time period required by law.

I understand that applicable regulations require police and other official record checks to determine if there is any previous conviction which would render a potential employee unsuitable to work with intellectually disabled persons. As an applicant for employment with OPTIONS, I am hereby voluntarily granting my full permission to OPTIONS to complete a criminal records check on me, including fingerprinting. I understand that in the event I refuse to grant my permission for this verification to be completed, I will not be considered for employment. I also acknowledge and agree that any offer of employment which is made to me is expressly conditional upon receipt by OPTIONS of satisfactory background information and verification of the information which I have submitted with this Employment Application. If OPTIONS ascertains that my background information is unsatisfactory, or if I have misstated or omitted material information on this Employment Application, my conditional offer of employment shall be revoked and I will be ineligible for further employment with OPTIONS.

I acknowledge that I have been advised that this application will remain active for no more than 90 days from the date it was completed.

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Signature of Applicant

Date







1201 Palm Street ■ San Luis Obispo, CA 93401 ■ 805-772-6066 ■ Fax: 805-772-6067

## **DRUG-FREE WORKPLACE POLICY AND PROGRAM**

OPTIONS Family of Services is committed to maintaining a safe, efficient and productive work environment. We also want all employees to perform their duties safely and efficiently, in a manner that protects their interests and those of their co-workers. Alcohol and drug misuse poses a threat to the health and safety of OPTIONS' employees, persons served and to the security of OPTIONS' equipment and facilities. For these reasons, OPTIONS is committed to the elimination of drug and alcohol use and misuse in the workplace. We are establishing the following policy for existing and future employees OPTIONS Family of Services, Inc.

You must report for work fit to perform your job. This policy does not prohibit employees from the lawful use and possession of prescribed medications. Employees must, however, consult with their doctors about the medications' effect on their fitness for duty and ability to work safely, and they must promptly disclose any work restrictions to the Human Resources Director.

Although California has legalized marijuana for medicinal and recreational purposes, OPTIONS is not required to allow the medicinal or recreational use of marijuana while on-duty. Using or being under the influence of marijuana is strictly prohibited while on work time and may result in discipline, up to and including termination. A California Medical Marijuana Identification Card is not sufficient to overcome these prohibitions. We will not discriminate or take adverse action against an employee or applicant for cannabis (marijuana) use that is off duty and away from the workplace. However, employees may not possess or be under the influence of cannabis while working or at work. If THC is present in your system while on-duty, you will violate this policy.

In order to provide you with some guidance concerning unacceptable behavior, we strictly prohibit the following:

- Possession, use, or being under the influence of alcohol, marijuana, and/or any illegal substance when working or at the worksite.
- Distribution, sale, dispensing, manufacture or purchase of illegal controlled substances or controlled substances used in an illegal way at the worksite.
- Driving an OPTIONS vehicle at any time, or your personal vehicle on OPTIONS business, while under the influence of alcohol, marijuana, or any illegal substance.
- The use of, or working under the influence of, any controlled substance, including prescription or over-the-counter drugs, if such use or influence may affect the safety of co-workers, members of the public, your job performance or the safe or efficient operation of our facility.

The presence of any detectable amount of any illegal drug, illegal controlled substance, marijuana or alcohol in an employee's body system, while performing company business or while at a worksite, is prohibited.

OPTIONS will also not allow employees to perform their duties while taking prescribed drugs that are adversely affecting their ability to perform their job duties safely and effectively. Employees taking a prescribed medication must carry it in a container labeled by a licensed pharmacist or be prepared to produce the container if asked. If an employee must, for medical or other reasons, take a substance which may impair performance, including driving ability, the employee is required to notify their supervisor immediately. An employee taking a substance that may impair their driving ability is prohibited from operating OPTIONS vehicles and from transporting persons served in their own vehicle.

Any illegal drugs or drug paraphernalia will be turned over to an appropriate law enforcement agency and may result in criminal prosecution.

OPTIONS will conduct drug and/or alcohol testing under any of the following circumstances:

Employees are subject to testing based on, but not limited to, observations of apparent workplace use, possession or impairment by at least two members of management. The Human Resources Director should be consulted before sending an employee for testing. Examples include:

- Odors (smell of alcohol, body odor or urine).
- Movements (unsteady, fidgety, dizzy).
- Eyes (dilated, constricted or watery eyes, or involuntary eye movements).
- Face (flushed, sweating, confused or blank look).

- Speech (slurred, slow, distracted mid-thought, inability to verbalize thoughts).
- Emotions (argumentative, agitated, irritable, drowsy).
- Actions (yawning, twitching).
- Inactions (sleeping, unconscious, no reaction to questions).

When reasonable suspicion testing is warranted, an administrative team member will explain to the employee the observations and the requirement to undergo a drug and/or alcohol test within two hours.

Employees are also subject to testing when they cause or contribute to accidents that seriously damage an OPTIONS vehicle, equipment or property or that result in an injury to themselves or another employee. A circumstance that constitutes probable belief will be presumed to arise in any instance involving a work-related accident or injury in which an employee who was operating a motorized vehicle is found to be responsible for causing the accident.

*Under no circumstances will the employee be allowed to drive themselves to the testing facility. A member of the administrative team must transport the employee or arrange for a cab and arrange for the employee to be transported home.*

If you have chemical dependencies (alcohol or drugs), we will encourage you to seek treatment and/or rehabilitation. To this end, if you desire such assistance you should request a treatment or rehabilitation leave. We will reasonably accommodate an employee who wishes to participate in an alcohol or drug rehabilitation program. At no time will we discriminate, harass, or retaliate in any way against you for making your request. If you are unable to perform your duties, or cannot perform the duties in a manner which would not endanger your health or safety or the health or safety of others, because of your current use of alcohol or drugs, you may be subject to discipline, without regard to your eligibility for a leave of absence.

I hereby agree, upon a request made under the drug/alcohol testing policy of OPTIONS Family of Services, Inc, to submit to a drug or alcohol test and to furnish a sample of my urine, breath, and/or blood for analysis. I understand and agree that if I at any time refuse to submit to a drug or alcohol test under company policy, or if I otherwise fail to cooperate with the testing procedures, I will be subject to immediate termination. In such a case, I will be given an opportunity to explain the circumstances prior to any final employment action becoming effective. I further authorize and give full permission to have OPTIONS send the specimen or specimens so collected to a laboratory for a screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release any and all documentation relating to such test to OPTIONS and/or to any governmental entity involved in a legal proceeding or investigation connected with the test. Finally, I authorize OPTIONS to disclose any documentation relating to such test to any governmental entity involved in a legal proceeding or investigation connected with the test.

I understand that only duly-authorized OPTIONS officers, employees, and agents will have access to information furnished or obtained in connection with the test; that they will maintain and protect the confidentiality of such information to the greatest extent possible; and that they will share such information only to the extent necessary to make employment decisions and to respond to inquiries or notices from government entities.

I will hold harmless OPTIONS and any testing laboratory OPTIONS might use, meaning that I will not sue or hold responsible such parties for any alleged harm to me that might result from such testing, including loss of employment or any other kind of adverse job action that might arise as a result of the drug or alcohol test, even if a Company or laboratory representative makes an error in the administration or analysis of the test or the reporting of the results. I will further hold harmless OPTIONS and any testing laboratory OPTIONS might use for any alleged harm to me that might result from the release or use of information or documentation relating to the drug or alcohol test, as long as the release or use of the information is within the scope of this policy and the procedures as explained in the paragraph above.

This policy and authorization have been explained to me in a language I understand, and I have been told that if I have any questions about the test or the policy, they will be answered. I understand that the provisions of this drug-free workplace policy are a term and condition of employment at OPTIONS.

***I acknowledge that I have received and read this information.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date