



EMPLOYMENT APPLICATION

We consider applications for all positions without regard to race, color, religion, creed, sex, national origin, disability, sexual orientation, citizenship status, or any other legally protected

ALL POTENTIAL APPLICANTS ARE ADVISED THAT THE FOLLOWING IS PART OF THE SCREENING PROCESS:

- Must be 18 years of age or older with a High School Diploma or GED.
- Must be willing to watch a 17 minute video describing what the job is about. (*Adult Services Only*)
- Must submit a Motor Vehicle Report from the DMV to assure that you have a clear driving record.
- Undergo a Criminal History Background Check and receive a clearance letter.
- Undergo and pass a drug test.

Position(s) Applying For: _____ Date: _____, 20__

(Please Print)

Last Name: _____ First Name: _____ MI: _____

Address: _____ City: _____ ST: _____ Zip: _____

Phone (Cell): _____ Phone (Home): _____ Phone (Other): _____

Best time to contact you is _____:_____ a.m.
 _____:_____ p.m.

How Did You Hear About Us?

- Newspaper
- Employment Agency
- Relative
- Friend
- Other

- If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No
- Have you ever filed an application with us before? If yes, give date _____ Yes No
- Have you ever been employed with us before; If Yes, give date _____ Yes No
- Do any of your friends or relatives, other than spouse, work here?..... Yes No
- If yes, state name, relationship, and position _____
- Are you currently employed? Yes No
- May we contact your present employer? Yes No
- Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?
 (*Proof of citizenship or immigration status will be required upon employment*)..... Yes No

- Are you available to work: Full Time
 Part Time (Please indicate: Mornings Afternoon Evenings)
 Temporary (Dates Available _____ - _____)

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if the position requires it? Yes No

EDUCATION

SCHOOL	Name & Address of School/Institution	Course of Study	Number of Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate/Professional				
Other (Specify)				

ADDITIONAL INFORMATION

Any additional information you feel may be helpful to us in considering your application, i.e. job related training, military experience.

Do not answer this question unless you have been informed about specified requirements for the position you are applying for.

Can you perform the essential functions of the job, for which you are applying, either with or without reasonable accommodations? Yes No

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. Exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer:	Dates Employed		Work Performed
Address:	From	To	
Telephone Number(s):			
Starting/Present Job Title:			
Supervisor:	Hourly Rate/Salary		
Reason for Leaving:		May we Contact Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer:	Dates Employed		Work Performed
Address:	From	To	
Telephone Number(s):			
Starting/Present Job Title:			
Supervisor:	Hourly Rate/Salary		
Reason for Leaving:		May we Contact Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer:	Dates Employed		Work Performed
Address:	From	To	
Telephone Number(s):			
Starting/Present Job Title:			
Supervisor:	Hourly Rate/Salary		
Reason for Leaving:		May we Contact Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

REFERENCES – (Do not include family members or past supervisors.)

NAME	PHONE NUMBER	CALL TIME	OCCUPATION
1.			
2.			
3.			

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete. I authorize investigation of all statements contained in this application for employment with EnSueños Y Los Angelitos (ELADC) as may be necessary in arriving at an employment decision. This application shall be considered active for a period not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with ELADC is of an "AT WILL" nature, which means that the Employee may resign at any time and ELADC may discharge the Employee at any time with or without cause. It is further understood that this "AT WILL" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. In the event of employment, I understand that false information given in my application or interview(s) may result in discharge.

Applicant Signature

Date