

Application for Employment



Covenant House California
1325 N. Western Avenue
Hollywood, California 90027
(323) 461-3131

There are a total of 5 pages to this application. All pages must be completed to be considered for employment eligibility.

Please Print

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Name _____ Social Security # _____
Last First Middle

Address _____
Street City State Zip Code

Telephone # (____) _____ Mobile/Beeper/Other Personal # (____) _____ E-mail _____

Position(s) applied for _____ Date of application _____

Referral Source (Please check the appropriate category and name the source)

Walk-in _____ School _____

Employee _____ Job Fair _____

Advertisement _____ Staffing Agency _____

Company's Website _____ Government Employment Agency _____

Other Internet _____ Other _____

If necessary, best time to call you at home is _____ : _____
AM PM

May we contact you at work? Yes No

If YES, work number and best time to call:
 (____) _____ : _____
AM PM

If you are under 18 and it is required, Yes No
 can you furnish a work permit?

If NO, please explain _____

Have you submitted an application here before? ... Yes No

If YES, give dates From ____/____/____ To ____/____/____

Have you ever been employed here before? Yes No

If YES, give dates From ____/____/____ To ____/____/____

Are you legally eligible for employment Yes No
 in this country?

Date available for work ____/____/____

What is your desired salary range or hourly rate of pay?
 \$ _____ Per _____

Type of employment desired: Full-Time Part-Time
 Temporary

Will you relocate if job requires it? Yes No

Will you travel if job requires it? Yes No

Will you be able to meet the requirements Yes No
 of the position including attendance? NA

Will you work overtime if required? Yes No

If NO, please explain _____

Please provide your driver's license number below:
 _____ State _____

Have you ever been convicted of a crime? Yes No

If YES, please give the date and details below:
 Date: _____

Comments/Details: _____

Employment History

Starting with your most recent employer, provide the following information.

Employer ()	Telephone# ()	Dates Employed: Month / Year to Month / Year
Street Address City State	Compensation (Starting)	
Starting job title/final job title	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	\$ Per
Immediate supervisor and title (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Commission/Bonus/ OtherCompensation \$
Why did you leave?	Compensation (Final)	
Summarize the type of work performed and job responsibilities.	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	\$ Per
What did you like most about your position?	Commission/Bonus/ OtherCompensation \$	
What were the things you liked least about the position?		

Employer ()	Telephone# ()	Dates Employed: Month / Year to Month / Year
Street Address City State	Compensation (Starting)	
Starting job title/final job title	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	\$ Per
Immediate supervisor and title (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Commission/Bonus/ OtherCompensation \$
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Why did you leave?	Compensation (Final)	
Summarize the type of work performed and job responsibilities.	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	\$ Per
What did you like most about your position?	Commission/Bonus/ OtherCompensation \$	
What were the things you liked least about the position?		

Employment History (continued)

Explain any gaps in your employment, other than those due to personal illness, injury or disability _____

Have you ever been fired or asked to resign from a job? Yes No

If YES, please explain _____

Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which are are applying.

Computer Skills (Check appropriate boxes. Include software titles and years of experience.)

- | | | | |
|--|--------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Word Processing _____ | <input type="checkbox"/> Years _____ | <input type="checkbox"/> Internet _____ | <input type="checkbox"/> Years _____ |
| <input type="checkbox"/> Spreadsheet _____ | <input type="checkbox"/> Years _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Years _____ |
| <input type="checkbox"/> Presentation _____ | <input type="checkbox"/> Years _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Years _____ |
| <input type="checkbox"/> E-mail _____ | <input type="checkbox"/> Years _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Years _____ |

Educational Background

Starting with your most recent school attended, provide the following information.

School (Include City and State)	Years Completed	Completed	GPA Class Rank	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree: _____ <input type="checkbox"/> Certification: _____ <input type="checkbox"/> Other: _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree: _____ <input type="checkbox"/> Certification: _____ <input type="checkbox"/> Other: _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree: _____ <input type="checkbox"/> Certification: _____ <input type="checkbox"/> Other: _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree: _____ <input type="checkbox"/> Certification: _____ <input type="checkbox"/> Other: _____		

References

List name and telephone number of three business/work references who are not related to you.

Name	Title	Relationship to You	Telephone	Number of Years Known
			()	
			()	
			()	

Related Information

To what job-related organizations (professional, trade, etc.) do you belong?

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

Organization	Offices Held

List special accomplishments, publications, awards, etc.

Exclude any information that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

In your current or prior job, have you ever written instructions or directions to be followed by employees or customers?

Yes No Not Applicable

If YES, please explain _____

Is there any other job-related information you want us to know about you? _____

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct. I understand that any offer of employment I receive may be contingent on passing a job-related physical examination, and/or satisfactory completion of a background examination.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resumé or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that, no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ Date ____/____/____

Employment/Reference/Education/License Information

PLEASE PRINT NEATLY AND USE AN INK PEN. EXPECT EVERY PERSON TO BE CONTACTED.

YOUR NAME _____ POSITION APPLYING FOR _____ SIGNATURE _____ DATE _____

Previous Employment MAY WE CONTACT YOUR CURRENT EMPLOYER? YES NO If no, please include a professional reference who may be contacted to verify your current employment.

1.

CURRENT OR MOST RECENT EMPLOYER (OR COMPANY)		POSITION HELD	DEPARTMENT
STREET		EMPLOYED FROM (DATE TO DATE)	FINAL SALARY <input type="checkbox"/> CELL <input type="checkbox"/> WORK <input type="checkbox"/> HOME
CITY/STATE/ZIP		SUPERVISOR	PHONE WITH AREA CODE <input type="checkbox"/> CELL <input type="checkbox"/> WORK <input type="checkbox"/> HOME
PHONE WITH AREA CODE	REASON FOR LEAVING	ANOTHER SUPERVISOR OR COWORKER	PHONE WITH AREA CODE

2.

NEXT MOST RECENT EMPLOYER (OR COMPANY)		POSITION HELD	DEPARTMENT
STREET		EMPLOYED FROM (DATE TO DATE)	FINAL SALARY <input type="checkbox"/> CELL <input type="checkbox"/> WORK <input type="checkbox"/> HOME
CITY/STATE/ZIP		SUPERVISOR	PHONE WITH AREA CODE <input type="checkbox"/> CELL <input type="checkbox"/> WORK <input type="checkbox"/> HOME
PHONE WITH AREA CODE	REASON FOR LEAVING	ANOTHER SUPERVISOR OR COWORKER	PHONE WITH AREA CODE

3.

NEXT MOST RECENT EMPLOYER (OR COMPANY)		POSITION HELD	DEPARTMENT
STREET		EMPLOYED FROM (DATE TO DATE)	FINAL SALARY <input type="checkbox"/> CELL <input type="checkbox"/> WORK <input type="checkbox"/> HOME
CITY/STATE/ZIP		SUPERVISOR	PHONE WITH AREA CODE <input type="checkbox"/> CELL <input type="checkbox"/> WORK <input type="checkbox"/> HOME
PHONE WITH AREA CODE	REASON FOR LEAVING	ANOTHER SUPERVISOR OR COWORKER	PHONE WITH AREA CODE

Professional References People with whom you have worked are preferable. Please do not list relatives. Do not repeat people listed above.

1.

NAME	STREET	CITY/STATE/ZIP	PHONE WITH AREA CODE	<input type="checkbox"/> CELL <input type="checkbox"/> WORK <input type="checkbox"/> HOME
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2.

NAME	STREET	CITY/STATE/ZIP	PHONE WITH AREA CODE	<input type="checkbox"/> CELL <input type="checkbox"/> WORK <input type="checkbox"/> HOME
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3.

NAME	STREET	CITY/STATE/ZIP	PHONE WITH AREA CODE	<input type="checkbox"/> CELL <input type="checkbox"/> WORK <input type="checkbox"/> HOME
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Education History Please indicate the highest level or most significant event in your educational history.

NAME OF INSTITUTION	CITY	STATE	ATTENDANCE DATES	YES <input type="checkbox"/> NO <input type="checkbox"/>
DEGREE	MAJOR	NAME USED DURING ATTENDANCE		G.E.D. <input type="checkbox"/>
				DID YOU GRADUATE? DATE

Professional License If you have a professional license, please provide verification information below.

LICENSE NUMBER	TYPE OF LICENSE	ISSUING AGENCY	STATE
4 9 9 3			9302

Affirmative Action Program Applicant Information Form

Covenant House California is an Equal Opportunity Employer. As required by law, we must record certain information to be made a part of our Affirmative Action Program.

Applicants for employment are also invited to participate in the Affirmative Action Program by reporting their status as handicapped, disabled veteran, veteran of the Vietnam era or other minority. In extending this invitation you are also advised that: (a) workers (applicants) are under no obligation to respond, but may do so in the future if they choose; (b) responses will remain confidential within the Human Resources Department; and (c) responses will be used only for the necessary information to include in our Affirmative Action Program. We are a company that values diversity. We actively encourage women and minorities to apply. Refusal to provide this information will have no bearing on your application and will not subject you to any adverse treatment.

Please complete the information requested below. Thank you for your cooperation.

Applicant name: _____

Date: _____

I do not wish to Self-Identify Signature _____

Race or Ethnic Identity	Gender	**Veteran Status
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Male	<input type="checkbox"/> Vietnam Era Veteran
<input type="checkbox"/> White (not Hispanic or Latino)	<input type="checkbox"/> Female	<input type="checkbox"/> Special Disabled Veteran
<input type="checkbox"/> Black or African American (not Hispanic or Latino)		<input type="checkbox"/> Other Eligible Veteran
<input type="checkbox"/> Native Hawaiian or Pacific Islander (not Hispanic or Latino)		**Other
<input type="checkbox"/> Asian (not Hispanic or Latino)		<input type="checkbox"/> Individual with Disabilities
<input type="checkbox"/> American Indian or Alaskan Native (not Hispanic or Latino)		
<input type="checkbox"/> Two or More Races (not Hispanic or Latino)		

EEOC RACE/ETHNIC IDENTIFICATION CATEGORIES

Hispanic or Latino

A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

White (Not Hispanic or Latino)

A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American (Not Hispanic or Latino)

A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)

A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (Not Hispanic or Latino)

A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

American Indian or Alaska Native (Not Hispanic or Latino)

A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Two or More Races (Not Hispanic or Latino)

All persons who identify with more than one of the above five races.

Individual with Disabilities

Defined as a person who (1) has a physical or mental impairment which substantially limits one or more of his or her major life activity(s), (2) has a record of such impairment(s), or (3) is regarded as having such impairment(s). For purposes of this definition, an individual with disability(s) is substantially limited if he or she is likely to experience difficulty in securing, retaining, or advancing in employment because of the disability(s).

Special Disabled Veteran

Defined as a veteran who is entitled to disability compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Veterans Administration for a disability (i) rated at 30% or more, or (ii) rated at 10 or 20% in the case of a

veteran who has been determined under Section 1506 to have a serious employment disability, or a person who was discharged from active duty because of a service-connected disability.

Veteran of the Vietnam Era

Defined as a veteran who (a) served on active duty in the Republic of Vietnam between February 28, 1961 and May 7, 1975, or (b) served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975, and was discharged or released therefrom with other than a dishonorable discharge, or (c) was discharged or released from active duty for a service-connected disability if any part of his or her active duty was performed between August 5, 1964 and May 7, 1975.

Other Eligible Veteran

Defined as any veteran who served in a “war” declared by Congress, in a campaign or on an expedition for which a campaign badge, a service medal, or an expeditionary medal has been awarded.