

# 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	<b>Compensation (Starting)</b>	
Starting job title/final job title	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ Per Commission/Bonus/ OtherCompensation \$	
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	<b>Compensation (Final)</b>
Why did you leave?	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ Per Commission/Bonus/ OtherCompensation \$	
Summarize the type of work performed and job responsibilities.		
What did you like most about your position?		
What were the things you liked least about the position?		

Employer ( )	Telephone# ( )	Dates Employed: Month / Year to Month / Year
Street Address City State	<b>Compensation (Starting)</b>	
Starting job title/final job title	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ Per Commission/Bonus/ OtherCompensation \$	
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	<b>Compensation (Final)</b>
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Why did you leave?	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ Per Commission/Bonus/ OtherCompensation \$	
Summarize the type of work performed and job responsibilities.		
What did you like most about your position?		
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 \_\_\_\_/\_\_\_\_/\_\_\_\_

# Applicant Authorization/Consent (National)

We truly welcome your application with Covenant House California or one of its divisions ("Company"). Your signature below certifies that all the information provided as part of your application for employment, including without limitation, the information below, is true and complete to the best of your knowledge and that you have reviewed this entire document and a separate document entitled, "Disclosure." Your signature below acknowledges that any false or misleading information in your application materials or interview may result in denial of employment or termination, if hired, and that any personal information requested below, including date of birth, is requested solely for identification purposes. Your signature below also authorizes the preparation of consumer reports and/or investigative consumer reports on you for employment purposes, including without limitation, for the purpose of evaluating you for employment, promotion, reassignment and retention as an employee, at any time prior to or during your employment and without giving you any further notice.

**For prompt processing, use all UPPERCASE and avoid touching the sides of the boxes:**

J O N E S 4 5 6 7 8

**Social Security Number:**

	-		-	
--	---	--	---	--

**Date of Birth:**

	/		/	
--	---	--	---	--

**Home Telephone Number:**

		-	
--	--	---	--

**Last Name (as it appears on Driver's License):**

--

**First Name (as it appears on Driver's License):**

--

**Middle Name (as it appears on Driver's License):**

--

**Former Name and/or Other Names Used:**

--

**Date of Name Change:**

	/		/	
--	---	--	---	--

**Driver's License Number (Omit Spaces and Dashes):**

--

**State:**

--

**License Expiration Date:**

	/		/	
--	---	--	---	--

**Current Street Address (NOT P.O. Box):**

--

**Current City:**

--

**Current State:**

--

**Zip Code:**

--

**How Long?**

--

Years

**Current County (NOT Country):**

--

Months

--

**Please list the City, State and Zip Code of all other addresses you have lived at in the past 7 years.**

**City:**


**State:**

--

**Zip Code:**

--

**How Long?**

--

Years

--

Months

Years

--

Months

Years

--

Months

4 9 9 3
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64902



Your signature further authorizes all persons, employers, supervisors, coworkers, schools, companies, corporations, organizations, credit bureaus, courts and any governmental, law enforcement, licensing and record-keeping agencies, and any other source of information to provide all information requested concerning your background, including any criminal records, to the Company and/or its agent HRPLUS.

Your signature certifies that you have read and understood this entire document and you agree that a copy of this document is as valid as the original.

**CA RESIDENTS –CREDIT REPORT:** Check box to receive a copy of an ordered credit report from HRPLUS.

**CA RESIDENTS – INVESTIGATIVE CONSUMER REPORT:** Check box to receive a copy from Company of any ordered investigative consumer background [employment background check] report.

**MN/OK RESIDENTS:** Check box to receive a copy of an ordered consumer report.

X

Signature

Today's 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
------	--------	----------------	----------------------	---

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 _____ / _____ TO _____ / _____	YES <input type="checkbox"/> NO <input type="checkbox"/>	G.E.D. <input type="checkbox"/>
			DID YOU GRADUATE? _____ / _____		DATE
DEGREE	MAJOR	NAME USED DURING ATTENDANCE			

## Professional License

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

LICENSE NUMBER	TYPE OF LICENSE	ISSUING AGENCY	STATE
<input type="text" value="4"/> <input type="text" value="9"/> <input type="text" value="9"/> <input type="text" value="3"/>	<input type="text"/>	<input type="text"/>	9302