



South Central Los Angeles Regional Center

for Persons with Developmental Disabilities, Inc.

South Central Los Angeles
Regional Center
for persons with developmental disabilities, inc.

APPLICATION FOR EMPLOYMENT

Equal Opportunity/Affirmative Action Employer

Date: _____

South Central Los Angeles Regional Center is an Equal Employment Opportunity/Affirmative Action Employer. We adhere to a policy of making all employment decisions without regard to genetic information or characteristics, race, color, sex, gender, religion, national origin, age, disability, veteran status, sexual orientation, citizenship or any other protected classification, which may be applicable under the law of the particular state or locality in which you are applying for employment with the Company.

REFERRAL SOURCE: How did you hear about us?

Employee(Name) _____ Advertisement(Specify) _____
 Relative Walk-In Employment Agency (Name) _____
 Website(Specify) _____ Other (Specify) _____

DESIRED EMPLOYMENT

Position(s) applied for:
Date available for work:

PERSONAL INFORMATION

Name (last, first, mi)			
Present address	City	State	Zip
Phone number	Alternate number	E-mail	
Type of employment desired: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary		Are you on lay-off status and subject to recall? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you filed an application here before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?:		Have you ever been employed here before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?:	
Will you work overtime if required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will you travel if job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No	Driver's License # (if job-related) State _____	
Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, describe the functions that cannot be performed: _____			
If you are under 18, can you furnish a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Can you, after employment, submit verification of your legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No (Proof of United States citizenship or immigration status will be required upon employment.)			

EMPLOYMENT HISTORY

List last four employers, assignments or volunteer activities, starting with the most recent, including military experience.

Explain any gaps in employment in the comments section below.

Employer	Phone #	Dates employed		Summarize the nature of the work performed and job responsibilities
		From	To	
Address/City/State				
Job title				
Immediate supervisor and title				
Reason for leaving				
May we contact for reference? __Yes __No __Later				

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Explain gaps in employment:	

EDUCATIONAL BACKGROUND

School Name and Address/City/State	Month/Year Graduated	Years Completed	Degree/Diploma	Course of Study
High School				

Undergraduate				
Graduate				
Post Graduate				
Other (specify)				

INDICATE ANY FOREIGN LANGUAGES THAT YOU KNOW AND CHECK THE BOXES THAT DESCRIBE YOUR SKILL LEVEL.

Language	Speak Some	Speak Fluently	Read	Write

REFERENCES

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

Name/Address/City/State	Telephone Number (include area code)	Years Known

List professional, trade, business or civic associations and any offices held. (Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or other protected categories.)

Organization	Office Held

List any additional skills, training, special accomplishments or anything that you would like us to consider.

Place a check mark by any office machinery that you are able to operate.

___ Typewriter _____ wpm ___ 10-Key ___ Shorthand/Speedwriting _____ wpm
___ Computer: What software programs can you use? _____
___ Other Office Equipment: _____

PLEASE READ CAREFULLY BEFORE SIGNING

A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications. Please make sure that you have completed each section of the job application. Failure to complete and/or sign the application will result in the application not being checked or considered further. This application will remain active for a period of 30 days after the date of application.

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed regardless of the time elapsed before discovery.

I hereby authorize the Company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the Company any and all letters, reports and other information related to my work records without giving me prior notice to such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

I understand that nothing contained in the application or conveyed during any interview, which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company. In addition, I understand and agree that if I am employed, my employment is at-will and is for no definite or determinable period and may be terminated at any time, with or without notice or with or without cause, at the option of either myself or the Company. No promises or representations contrary to the foregoing are binding on the Company unless made in writing and signed by me and the Company's designated representative.

Date _____

Signature _____