

HOMELESS HEALTH CARE LOS ANGELES

Is an Equal Opportunity Employer

EMPLOYMENT APPLICATION

Please print in ink and answer all questions completely.

POSITION DESIRED:	WHEN CAN YOU REPORT?	SALARY DESIRED:	DATE OF APPLICATION:
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PERSONAL INFORMATION

LAST NAME	FIRST	MIDDLE	SOC. SEC. NO.	HOME PHONE ()
STREET ADDRESS			APT#	CITY
			STATE	ZIP
EMAIL ADDRESS:				CELL PHONE ()

HOW WERE YOU REFERRED TO THIS COMPANY?	SCHEDULING AND AVAILABILITY FOR WORK:			
HAVE YOU WORKED FOR THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> FULL TIME	<input type="checkbox"/> PART TIME:	<input type="checkbox"/> TEMPORARY:	
DO YOU HAVE RELATIVES WORKING FOR THIS COMPANY? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> OTHER: _____	# OF HOURS PER WEEK	AVAILABLE THROUGH _____	
IF YES, LIST NAMES:	IF NECESSARY, ARE YOU ABLE AND AVAILABLE TO WORK ANY OF THE FOLLOWING:			
DO YOU HAVE A RELIABLE MEANS OF TRANSPORTATION TO AND FROM WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO	OVERTIME <input type="checkbox"/> YES <input type="checkbox"/> NO	EVENINGS <input type="checkbox"/> YES <input type="checkbox"/> NO		
IF DRIVING IS REQUIRED IN THE POSITION YOU APPLIED FOR, PLEASE ANSWER THE FOLLOWING:	OVERNIGHT <input type="checkbox"/> YES <input type="checkbox"/> NO	WEEKENDS <input type="checkbox"/> YES <input type="checkbox"/> NO		
• DO YOU HAVE A DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOLIDAYS <input type="checkbox"/> YES <input type="checkbox"/> NO	BUSINESS TRAVEL <input type="checkbox"/> YES <input type="checkbox"/> NO		
◦ IF YES, PROVIDE: LICENSE NUMBER: STATE: EXPIRATION DATE:	ARE YOU ANTICIPATING ABSENCES AWAY FROM WORK OF ANY DURATION? <input type="checkbox"/> YES <input type="checkbox"/> NO			
• HAVE YOU HAD YOUR DRIVER'S LICENSE SUSPENDED OR REVOKED WITHIN THE LAST 3 YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PLEASE EXPLAIN:			
◦ IF YES, PLEASE EXPLAIN:				
CAN YOU PRESENT EVIDENCE OF YOUR U.S. CITIZENSHIP OR PROOF OF YOUR LEGAL RIGHT TO WORK IN THIS COUNTRY? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU 18 YEARS OF AGE OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF HIRED, CAN YOU FURNISH PROOF OF AGE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
(IF HIRED, PROOF OF LAWFUL RIGHT TO WORK IN THE U.S. WILL BE REQUIRED)				

EDUCATION

SCHOOL NAME	LOCATION	CIRCLE GRADE / YEARS COMPLETED	UNITS / CREDITS EARNED	GRADUATED / COMPLETED	MAJOR / DEGREE EARNED
HIGH SCHOOL:		9 10 11 12		<input type="checkbox"/> NO <input type="checkbox"/> YES	
JR. COLLEGE:		1 2		<input type="checkbox"/> NO <input type="checkbox"/> YES	
UNIVERSITY:		1 2 3 4		<input type="checkbox"/> NO <input type="checkbox"/> YES	
TRADE SCHOOL / CERTIFICATIONS / LICENSES (LIST ANY PROFESSIONAL DESIGNATIONS):		1 2 3 4		<input type="checkbox"/> NO <input type="checkbox"/> YES	

MILITARY (TO BE COMPLETED BY BOTH MALE AND FEMALE APPLICANTS)

HAVE YOU EVER SERVED IN THE UNITED STATES ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO	BRANCH:	FINAL RANK:	RELEVANT SKILLS ACQUIRED:
IF YES, PROVIDE THE FOLLOWING:			

SKILLS (CHECK ANY OF THE FOLLOWING SKILLS YOU POSSESS)

LIST ANY FOREIGN LANGUAGES YOU KNOW:	OTHER APPLICABLE SKILLS - CHECK THOSE THAT APPLY:				
_____ <input type="checkbox"/> READ <input type="checkbox"/> WRITE <input type="checkbox"/> SPEAK	<input type="checkbox"/> OFFICE 2010	<input type="checkbox"/> WINDOWS 7	<input type="checkbox"/> MAC / IOS	<input type="checkbox"/> QUICKBOOKS	<input type="checkbox"/> CONSTANT CONTACT
_____ <input type="checkbox"/> READ <input type="checkbox"/> WRITE <input type="checkbox"/> SPEAK	<input type="checkbox"/> ORACLE	<input type="checkbox"/> WINDOWS 8	<input type="checkbox"/> GOLDMINE	<input type="checkbox"/> PEOPLESOFT	<input type="checkbox"/> OTHER _____

ADDITIONAL INFORMATION (AN AFFIRMATIVE ANSWER TO ANY OF THESE QUESTIONS MAY NOT NECESSARILY DISQUALIFY YOU FROM CONSIDERATION FOR EMPLOYMENT)

HAVE YOU USED ANY NAME OTHER THAN THE NAME YOU ARE CURRENTLY USING WHILE ATTENDING SCHOOL OR WITH A PREVIOUS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, LIST THE NAME(S) YOU USED:
AS AN EMPLOYEE, HAVE YOU EVER BEEN INVOLUNTARILY DISCHARGED OR ASKED TO RESIGN? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF REQUIRED, WILL YOU UNDERGO A PRE-EMPLOYMENT BACKGROUND CHECK? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF REQUIRED, WILL YOU UNDERGO A PRE-EMPLOYMENT PHYSICAL OR DRUG TEST? <input type="checkbox"/> YES <input type="checkbox"/> NO
ARE YOU ABLE TO SAFELY 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, IF YOU REQUIRE REASONABLE ACCOMMODATION, PLEASE EXPLAIN:
(NOTE: WE COMPLY WITH THE ADA AND CONSIDER REASONABLE ACCOMMODATION MEASURES THAT MAY BE NECESSARY FOR ELIGIBLE APPLICANTS / EMPLOYEES TO PERFORM THEIR ESSENTIAL JOB FUNCTIONS. AN APPLICANT'S HIRE MAY BE SUBJECT TO PASSING A MEDICAL EXAMINATION, SKILL AND AGILITY TESTS, ETC.)

EMPLOYMENT HISTORY (COMPLETE THIS SECTION EVEN IF YOU HAVE PROVIDED A RESUME)

LIST ALL EMPLOYMENT FOR THE PAST 10 YEARS, INCLUDING MILITARY SERVICE AND PERIODS OF UNEMPLOYMENT. FOR ADDITIONAL EMPLOYMENT HISTORY OR EXPLANATIONS, ATTACH A SUPPLEMENTAL APPLICATION FOR EMPLOYMENT. YOU MUST COMPLETE THIS SECTION EVEN IF YOU HAVE PROVIDED A RESUME.

FIRM (please start with most recent position)		(may we contact? <input type="checkbox"/> NO <input type="checkbox"/> YES)	TITLE AND SUMMARY OF YOUR DUTIES:
ADDRESS	CITY	STATE	ZIP
SUPERVISOR	PHONE		
DATES OF EMPLOYMENT (include month and year)		REASON FOR LEAVING:	
From:	To:	<input type="checkbox"/> FULL TIME	<input type="checkbox"/> PART TIME
FIRM		(may we contact? <input type="checkbox"/> NO <input type="checkbox"/> YES)	TITLE AND SUMMARY OF YOUR DUTIES:
ADDRESS	CITY	STATE	ZIP
SUPERVISOR	PHONE		
DATES OF EMPLOYMENT (include month and year)		REASON FOR LEAVING:	
From:	To:	<input type="checkbox"/> FULL TIME	<input type="checkbox"/> PART TIME
FIRM		(may we contact? <input type="checkbox"/> NO <input type="checkbox"/> YES)	TITLE AND SUMMARY OF YOUR DUTIES:
ADDRESS	CITY	STATE	ZIP
SUPERVISOR	PHONE		
DATES OF EMPLOYMENT (include month and year)		REASON FOR LEAVING:	
From:	To:	<input type="checkbox"/> FULL TIME	<input type="checkbox"/> PART TIME

PROFESSIONAL REFERENCES

IN THE SPACE BELOW, LIST THREE PEOPLE NOT RELATED TO YOU WHO HAVE KNOWLEDGE OF YOUR WORK PERFORMANCE WITHIN THE LAST THREE YEARS.

NAME	OCCUPATION / HOW DO YOU KNOW THIS PERSON?	TELEPHONE #	YEARS KNOWN
1.		() -	
2.		() -	
3.		() -	

INITIAL**AFFIDAVIT**

_____ I certify that all information provided in this employment application and supplementary application are true and complete. I agree to have any of the statements checked by the Company unless indicated to the contrary. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

_____ I am aware that a more detailed investigation concerning background and credit may also be conducted upon a contingent offer of employment, I hereby authorize that investigation. I also understand that employment is contingent upon satisfactory completion of reference checks and the provision of satisfactory proof of an applicant's identity and legal authority to work in the United States.

_____ I understand that if I am extended an offer of employment, it may be conditioned upon my successfully passing a pre-employment alcohol and drug screening examination. I understand that my job offer or my continuing employment, if hired, is contingent upon my being physically, mentally and medically able, with or without reasonable accommodation, to successfully perform the essential functions of my job. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

_____ I understand that nothing in this application, conveyed during any interview, or subsequent employment creates a contract of employment between the Company or any subsidiary or affiliate and myself, nor guarantees employment for any definite period of time. If employed, I understand that I have been hired at the will of the employer and my employment may be terminated at any time, with or without cause or notice by either myself or the Company. I understand that the Company can change benefits, policies and conditions at any time.

_____ I understand that any and all disputes regarding my employment with the Company, including any disputes relating to the termination of my employment, are subject to the Alternative Dispute Resolution process, which includes final and binding arbitration. I also understand and agree, as a condition of employment, to submit any such disputes for resolution under that process, and I further agree to abide by and accept the decision of the arbitration panel as the final binding decision and resolution of any such disputes I may have.

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING. I have read, understand, and by my signature consent to these statements.

APPLICANT'S SIGNATURE: _____

DATE: _____