



Application For Employment

**PERSONAL INFORMATION**

DATE \_\_\_\_\_

NAME \_\_\_\_\_  
 LAST FIRST MIDDLE

ADDRESS \_\_\_\_\_  
 STREET CITY STATE ZIP

PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ REFERRED BY: \_\_\_\_\_

**EMPLOYMENT DESIRED**

POSTION APPLYING FOR \_\_\_\_\_

DATE AVAILABLE \_\_\_\_/\_\_\_\_/\_\_\_\_

ARE YOU EMPLOYED? \_\_\_\_\_ CAN WE INQUIRE WITH CURRENT EMPLOYER? \_\_\_\_\_

EVER BEEN EMPLOYED BY SLDC? YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, WHEN \_\_\_\_\_

EVER APPLIED TO SLDC BEFORE? YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, WHEN \_\_\_\_\_

\*APPLICANTS FOR POSITIONS OTHER THAN THOSE REQUIRING CREDENTIALS/LICENSES MAY BE SUBJECT TO A BASIC SKILLS TEST

**EDUCATION**

HIGH SCHOOL NAME	LOCATION OF SCHOOL	HIGH SCHOOL GRAD CIRCLE ONE	CIRCLE ONE
		YES NO	YES NO
COLLEGE NAME(S)	LOCATION OF SCHOOL	SUBJECTS STUDIED	DEGREE EARNED
TRADE, BUSINESS, CORRESPONDENCE SCHOOL NAME(S)	LOCATION OF SCHOOL	SUBJECTS STUDIED	CERTIFICATE EARNED

\*THE AGE DISCRIMINATION IN EMPLOYMENT ACT OF 1967 PROHIBITS DISCRIMINATION ON THE BASIS OF AGE WITH RESPECT TO INDIVIDUALS WHO ARE AT LEAST 40 BUT LESS THAN 70 YEARS OF AGE.

**GENERAL**

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK/TRAINING (i.e., SIGN LANGUAGE) \_\_\_\_\_

LANGUAGES YOU SPEAK \_\_\_\_\_ READ \_\_\_\_\_ WRITE \_\_\_\_\_

CREDENTIALS/CERTIFICATES HELD \_\_\_\_\_

**AN EQUAL OPPORTUNITY EMPLOYER**

8699 HOLDER ST. BUENA PARK, CA 90620  
 714-821-3620

**SPECIAL QUESTIONS**

ARE YOU 18 YEARS OF AGE OR OLDER? YES \_\_\_\_\_ NO \_\_\_\_\_

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THIS COUNTRY? YES \_\_\_\_\_ NO \_\_\_\_\_ (PROOF OF CITIZENSHIP OR IMMIGRATION STATUS WILL BE REQUIRED FOR EMPLOYMENT.)

PLEASE PROVIDE ANY ADDITIONAL INFORMATION YOU WOULD LIKE US TO CONSIDER \_\_\_\_\_

**EMPLOYMENT REFERENCES**

LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST

DATE MONTH AND YEAR	NAME, ADDRESS, PHONE OF EMPLOYER	POSITION	REASON FOR LEAVING
FROM:			
TO:			
FROM:			
TO:			
FROM:			
TO:			
FROM:			
TO:			

GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

**PERSONAL REFERENCES**

NAME	EMAIL/PHONE #	RELATIONSHIP	YEARS KNOWN

IT IS UNDERSTOOD AND AGREED UPON THAT ANY MISREPRESENTATION BY ME ON THIS APPLICATION WILL BE SUFFICIENT CAUSE FOR CANCELLATION OF THIS APPLICATION AND/OR SEPARATION FROM THE EMPLOYER'S SERVICE IF I HAVE BEEN EMPLOYED.

I GIVE THE EMPLOYER THE RIGHT TO INVESTIGATE ALL REFERENCES AND TO SECURE ADDITIONAL INFORMATION ABOUT ME, IF JOB-RELATED. I HEREBY RELEASE FROM LIABILITY THE EMPLOYER AND ITS REPRESENTATIVES FOR SEEKING SUCH INFORMATION AND ALL OTHER PERSONS, CORPORATIONS OR ORGANIZATIONS FOR FURNISHING SUCH INFORMATION.

THE EMPLOYER IS AN EQUAL OPPORTUNITY EMPLOYER. THE EMPLOYER DOES NOT DISCRIMINATE IN EMPLOYMENT AND NO QUESTIONS ON THIS APPLICATION IS USED FOR THE PURPOSE OF LIMITING OR EXCUSING AN APPLICANT'S CONSIDERATION FOR EMPLOYMENT ON A BASIS PROHIBITED BY LOCAL, STATE, OR FEDERAL LAW.

I UNDERSTAND IT IS THIS COMPANY'S POLICY NOT TO REFUSE TO HIRE A QUALIFIED INDIVIDUAL WITH A DISABILITY BECAUSE OF THIS PERSON'S NEED FOR ACCOMMODATION THAT WOULD BE REQUIRED BY THE ADA.

THIS APPLICATION IS CURRENT FOR 18 MONTHS. AT THE CONCLUSION OF THIS TIME, IF I HAVE NOT HEAR FROM THE EMPLOYER AND STILL WISH TO BE CONSIDERED FOR EMPLOYMENT, IT WILL BE NECESSARY TO FILL OUT A NEW APPLICATION.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**OFFICE USE ONLY**

INTERVIEWED BY \_\_\_\_\_ FOR POSITION \_\_\_\_\_ DATE \_\_\_\_\_

HIRED \_\_\_\_\_ FOR DEPT \_\_\_\_\_ POSITION \_\_\_\_\_ WILL REPORT \_\_\_\_\_ SALARY \_\_\_\_\_

APPROVED 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

SUPERVISOR

PROGRAM DIRECTOR

OTHER