



1200 N. STATE STREET, ROOM 1900, LOS ANGELES, CA 90033
TELEPHONE (323) 409-6941 FAX (323) 226-6944

Application for Employment

CARES recognizes its employees as one of its greatest assets. We are committed to provide equal employment opportunities for all, without regard to actual or perceived sex, sexual orientation, gender, gender orientation, ethnic group identification, race, ancestry, national origin, religion, color, mental or physical disability, or age or on the basis of a person's association with a person or group with one or more of these actual or perceived characteristics. These opportunities include, but are not limited to, recruitment, hiring, training, promotion, compensation, benefits, and all other terms and conditions of employment. Selection shall be based on job-related qualifications only.

(PLEASE PRINT)

						Date of Application
Last Name		First Name		Middle Name		
Address	Number	Street	City	State	Zip Code	
Business Phone(s)		Home Phone		Cell phone (optional)		
Position(s) applied for						
How did you learn about us?						
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In				
<input type="checkbox"/> Employment	<input type="checkbox"/> Relative	<input type="checkbox"/> Other				

Are you currently employed?

If yes, may we contact your present employer? _____

Yes No

Are you applying to work: Regular Full Time Regular Part Time Temporary

What days and hours are you available for work? _____

If applying for temporary work, during what period of time will you be available?

From: _____ To: _____

Are you available for work on weekends and evenings?

Yes No

Would you be available to work overtime, if necessary?

Yes No

If hired, on what date can you start work? _____

Salary desired: _____

Many of our customers (clients) do not speak English. Do you speak, write or understand any foreign languages?

Yes No

If yes, which language(s)? _____

Personal Information

Have you ever applied to or worked for **CARES** before? Yes No

If yes, when? _____

Do you have any friends or relatives working for **CARES**? Yes No

If yes, state name(s) and relationship:

Name

Relationship

Name

Relationship

Why are you applying for work at **CARES**? _____

If hired, would you have a reliable means of transportation to and from work? Yes No

Are you at least 18 years old? (hire is subject to verification that you are of minimum legal age) Yes No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? Yes No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes No

If no, describe the functions that cannot be performed. _____

Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. All applicants must submit to a health clearance examination.

Specialized Training/Experience Working with Children

Answer the following questions if you are applying for a professional position:

List skills relevant to the position applied for: _____

Skills For Office/Administrative positions only: Typing WPM: _____ 10-Key: Yes No

Computer Proficiency: Microsoft Office: ___ Word ___ Excel ___ PowerPoint ___ Publisher

Other: _____

Are you licensed/certified for the job applied for? Yes No

Name of license/certification: _____

Issuing state: _____

License/certification number _____

Has your license/certification ever been revoked or suspended? Yes No

If yes, state reason(s), date of revocation or suspension, and date of reinstatement _____

Do you have a current Child Development Permit? Yes No

If yes, Document title: _____ Expiration Date: _____

Number of ECE or CD semester units: _____

Education, Training, and Experience

<u>School</u>	<u>Name and Address</u>	<u>No. of years Completed</u>	<u>Did you Graduate?</u>	<u>Degree or Diploma</u>
High School	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Name _____			
	Address _____			
	City _____ State _____ Zip _____			
College/ University	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Name _____			
	Address _____			
	City _____ State _____ Zip _____			
Vocational/ Business	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Name _____			
	Address _____			
	City _____ State _____ Zip _____			

References

List below two persons not related to you who have knowledge of your work performance within the last three years.

_____	_____	_____	_____
First Name	Last Name	Telephone No.	Occupation
_____	_____	_____	_____
Address & Street	City	State Zip	No. of Years Acquainted
_____	_____	_____	_____
First Name	Last Name	Telephone No.	Occupation
_____	_____	_____	_____
Address & Street	City	State Zip	No. of Years Acquainted

Volunteer Experience

_____	_____	_____
Name of Organization	Telephone No.	Type of Organization
_____	May we contact your supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Your Supervisor's Name		
_____	_____	_____
Address & Street	City	State Zip
Dates of Volunteer Service:	_____	_____
	From To	Number of Hours per Week

Your Position and Duties		

Reason for Leaving		

Employment History

List below all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

_____ Name of Employer	_____ Telephone No.	_____ Type of Business
_____ Your Supervisor's Name		
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		
_____ Address & Street	_____ City	_____ State Zip
Dates of Employment: From: _____ To: _____		
_____ Your Position and Duties		
_____ Reason for Leaving		
_____ Name of Employer	_____ Telephone No.	_____ Type of Business
_____ Your Supervisor's Name		
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		
_____ Address & Street	_____ City	_____ State Zip
Dates of Employment: From: _____ To: _____		
_____ Your Position and Duties		
_____ Reason for Leaving		
_____ Name of Employer	_____ Telephone No.	_____ Type of Business
_____ Your Supervisor's Name		
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		
_____ Address & Street	_____ City	_____ State Zip
Dates of Employment: From: _____ To: _____		
_____ Your Position and Duties		
_____ Reason for Leaving		

Note: Attach additional page(s) if necessary.

Please Read Carefully, Initial Each Paragraph and Sign Below

Initials 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.

Initials I hereby authorize CARES 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 of 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.

Initials 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 for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and CARES designated representative.

Initials Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by CARES, I am entitled to copies of any such public records obtained by the CARES unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

I waive receipt of a copy of any public record described in the paragraph above.

Date

Applicant's Signature

This application for employment shall be considered for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether applications are being considered at that time.

