



Southern California
Resource Services for
Independent Living

APPLICATION FOR EMPLOYMENT

Position Applied For: _____ Date of Application: _____

EQUAL EMPLOYER OPPORTUNITY

This organization is an Equal Employment Opportunity employer and strives to comply with all applicable laws prohibiting discrimination based on race, religion, color, sex, gender identity, gender expression, sexual orientation, national origin, ancestry, citizenship status, military and veteran status, marital status, pregnancy, breastfeeding or related medical condition, age, medical condition, genetic characteristic or information, a diagnosis or history of cancer, physical or mental disability or any other category protected by applicable federal, state, or local laws.

PERSONAL INFORMATION (All blanks must be completed – do not reference resume)

Last Name		First Name		MI	Other Names exclude nicknames
Home Phone No.	Cell Phone No.	E-Mail Address		Social Security No.	
Residence Address	City	State		Zip Code	
How did you hear about our organization?					
Do you know anyone that works for this company? Yes <input type="checkbox"/> No <input type="checkbox"/> If the answer is yes, who?					
Name and phone number of the person to be notified in case of emergency: Name _____ address _____ phone: _____					
Are you currently employed? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, may we contact your Employer? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Have you ever applied for a position with or worked for this company before? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, specify date(s): _____					
If hired, can you provide proof of eligibility to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/> This is a condition of employment.					
Minimum Acceptable Hourly Rate: _____ Minimum Acceptable Salary Wage: _____					
If this position indicates driving is required, please answer the following question: Do you possess a valid California Driver's License? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, fill in information below:					
License #: _____ Class: _____ Restrictions: _____					



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Have you reviewed a copy of the job description for which you are applying? Yes No

Are you able to perform the essential duties of the position for which you are applying with or without reasonable accommodation? Yes No

Essential duties are the basic job duties that an employee must be able to perform in his or her job with or without reasonable accommodation.

Date Available to Start if Hired:

Available: Full-Time: Yes No and/or Part-Time: Yes No

Available	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
Available Hours							

LANGUAGE SKILLS
Specify language and level of skill (Basic, Moderate, or Fluent)

Language: _____ Read: _____ Write: _____

Language: _____ Read: _____ Write: _____

SOFTWARE SKILLS

Software: _____ Beginner Intermediate Expert

Software: _____ Beginner Intermediate Expert

Software: _____ Beginner Intermediate Expert

EDUCATION

	Name of School and Address	Number of Years	Did you Graduate (Including GED)	Major or Subjects	Type of Degree
High School			Yes <input type="checkbox"/> No <input type="checkbox"/>		
College			Yes <input type="checkbox"/> No <input type="checkbox"/>		
Trade Business Correspondence					
Other					

SPECIAL SKILLS, ACCOMPLISHMENTS, VOLUNTEER WORK AND AWARDS

List job related organizations, clubs, professional societies any honors, awards, or accomplishments that may help you get a job. **Please omit** those categories as indicated under federal, state, and local Equal Employment Opportunity laws such as; race, color, religion, national origin, ancestry, sex are, or the existence of a disability. _____

REFERENCES

Provide name, addresses, and phone numbers of at least two references who are not related to you who is willing to provide professional and/or character references:

Name/Title: _____ Phone No.: _____

Name/Title: _____ Phone No.: _____

EMPLOYMENT HISTORY

LIST AT LEAST THE LAST 5 YEARS OF EMPLOYMENT STARTING WITH LAST EMPLOYER FIRST

Company Name: _____ Telephone Number: _____

Address: _____

Employed (Month and Year) _____ Weekly Hours Worked _____

From: _____ To: _____

Position held: _____ Supervisor's Name/Title: _____

Describe all of your significant duties: _____

Reason for leaving: _____

EMPLOYMENT HISTORY

Company Name: _____ Telephone Number: _____

Address: _____

Employed (Month and Year) _____ Weekly Hours Worked _____

From: _____ To: _____

Position held: _____ Supervisor's Name/Title: _____

Describe all of your significant duties: _____

Reason for leaving: _____

EMPLOYMENT HISTORY

Company Name: _____ Telephone Number: _____

Address: _____

Employed (Month and Year) _____ Weekly Hours Worked _____

From: _____ To: _____

Position held: _____ Supervisor's Name/Title: _____

Describe all of your significant duties: _____

Reason for leaving: _____

READ THOROUGHLY BEFORE SIGNING

I hereby certify that all information contained in this Application for Employment is true and complete to the best of my knowledge. I further understand and agree that any misrepresentation, omission or false statement that I make in this application will be sufficient cause for the Company to withdraw an offer of employment and/or terminate my employment.

I authorize Southern California Resource Services for Independent Living (SCRS-IL) to investigate any and all statements contained herein and authorize the employers and educational institutions identified on this application to release any information they may have concerning my employment (including separation) or education. In addition, I release all parties involved from liability and responsibility for doing so. This authorization and consent shall be valid in original, fax, email, or other electronic form or copy form.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) California Fair Employment and Housing Act.

If hired, I understand employment will be "At-Will" meaning my employment can be terminated at any time by the employer or me with or without cause or notice. I also understand that no representative of the Company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by me and the Executive Director.

I understand the completion of this application does not constitute an offer or promise of employment.

If hired, I agree I shall comply with all Company policies and procedures.

Print Applicant's Name

Applicant Signature

Date