

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				WORK PHONE ()
				CELL PHONE ()

SCHEDULING AND AVAILABILITY FOR WORK

<input type="checkbox"/> FULL TIME	<input type="checkbox"/> PART TIME	<input type="checkbox"/> TEMPORARY
<input type="checkbox"/> OTHER _____	# OF HOURS PER WEEK _____	AVAIL THROUGH _____

IF NECESSARY, ARE YOU ABLE AND AVAILABLE TO WORK ANY OF THE FOLLOWING:

OVERTIME	<input type="checkbox"/> YES	<input type="checkbox"/> NO	EVENINGS	<input type="checkbox"/> YES	<input type="checkbox"/> NO
OVERNIGHT	<input type="checkbox"/> YES	<input type="checkbox"/> NO	WEEKENDS	<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

ARE YOU ANTICIPATING ABSENCES AWAY FROM WORK OF ANY DURATION? YES NO
IF YES, PLEASE EXPLAIN:

ARE YOU 18 YEARS OF AGE OR OLDER? YES NO IF HIRED, CAN YOU FURNISH PROOF OF AGE? YES NO

HOW WERE YOU REFERRED TO THIS COMPANY?

HAVE YOU WORKED FOR THIS COMPANY BEFORE? YES NO

DO YOU HAVE RELATIVES WORKING FOR THIS COMPANY? YES NO

IF YES, LIST NAMES:

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"/> YES <input type="checkbox"/> NO	
JR. COLLEGE:		1 2		<input type="checkbox"/> YES <input type="checkbox"/> NO	
UNIVERSITY:		1 2 3 4		<input type="checkbox"/> YES <input type="checkbox"/> NO	
TRADE SCHOOL/CERTIFICATIONS/LICENSES (LIST ANY PROFESSIONAL DESIGNATIONS):		1 2 3 4		<input type="checkbox"/> YES <input type="checkbox"/> NO	

MILITARY

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

LIST ANY FOREIGN LANGUAGES YOU KNOW: _____ <input type="checkbox"/> READ <input type="checkbox"/> WRITE <input type="checkbox"/> SPEAK	OTHER APPLICABLE SKILLS – CHECK THOSE THAT APPLY:			
_____ <input type="checkbox"/> READ <input type="checkbox"/> WRITE <input type="checkbox"/> SPEAK	<input type="checkbox"/> OFFICE 365	<input type="checkbox"/> WINDOWS 11	<input type="checkbox"/> MAC/IOS	<input type="checkbox"/> ADOBE
	<input type="checkbox"/> GOOGLE WORKSPACE	<input type="checkbox"/> DROPBOX	<input type="checkbox"/> ZOOM	<input type="checkbox"/> BLOOMERANG
				<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? YES NO
IF YES, LIST THE NAME(S) YOU USED:

AS AN EMPLOYEE, HAVE YOU EVER BEEN INVOLUNTARY DISCHARGED OR ASKED TO RESIGN? YES NO

IF REQUIRED, WILL YOU UNDERGO A PRE-EMPLOYMENT BACKGROUND CHECK? YES NO

IF REQUIRED, WILL YOU UNDERGO A PRE-EMPLOYMENT PHYSICAL OR DRUG TEST? YES NO

ARE YOU ABLE TO SAFELY PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING, EITHER WITH OR WITHOUT REASONABLE ACCOMMODATION? YES NO
 IF NO, IF YOU REQUIRED REASONABLE ACCOMMODATION, PLEASE EXPLAIN:

(NOTE: WE COMPLY WITH 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 TEST, 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. YOU MUST COMPLETE THIS SECTION EVEN IF YOU HAVE PROVIDED A RESUME.

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