



ETTIE LEE
Youth & Family Services

EMPLOYMENT APPLICATION

GENERAL DATA

Last Name:		First Name:		Middle Name:	
Have you ever used another name? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify for purposes of a reference check:					
Present Address: Street _____ City _____ State _____ Zip Code _____					
Years at Above Address:			Home Telephone:		
Email Address:			Cell Phone:		
Position Applying For:			Date of Application:		
Full Time or Part Time:			Shift or Hours Preferred:		
Social Security Number:		Drivers License Number:		Expiration Date:	

If employed in the position for which you have applied, would you be in a supervisory or subordinate relationship to any relative of your household. Yes No

PERSONAL DATA

Persons To Notify In Case Of An Emergency: 1. Relationship:		Address: Phone Number:	
2. Relationship:		Address: Phone Number:	
How did you learn of this job opening: () Advertisement () Friend _____ () Walk-in () Employment Agency () Relative _____ () Other (please specify) _____ (list name) (list name)			
List membership in professional organizations which you feel would enhance your application. You may exclude any whose name would indicate the race, religious creed, color, national origin, or ancestry of its members: _____			

If under 18 years of age, can you after employment submit a work permit? N/A Yes No

Have you ever been convicted of a crime (felony or misdemeanor) OTHER THAN

- 1) a marijuana-related conviction that occurred more than two years ago and
- 2) an offense for which you were referred to, and participated in, any pre-trial or post trial diversion program.

Yes No

If yes, please state the date of conviction, the county and state and the nature of the offense. _____

NOTE: An affirmative response to this question will not result in your automatic disqualification for employment.

SKILLS

Computer Programs – Machines Operated – Software – Typing Speed – etc.,

Other Training/Skills (include bilingual ability if relevant to the position for which you are applying)

Branch of Military Services	Start Date: From	To
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State relative skills acquired during military service _____

PROFESSIONAL & TECHNICAL APPLICANTS ONLY

Professional License Number	Expiration Date	Type of License	State
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Is there any reason why you would be unable to perform or to safely perform any of the duties of the position for which you have applied as set forth on the job description for that position? () Yes () No

If "yes," please explain: _____

EDUCATION

	HIGH SCHOOL	COLLEGE	TRADE PROFESSIONAL OR OTHER
NAME			
ADDRESS			
NUMBER OF YEARS			
COURSE OR MAJOR			
DIPLOMA / DEGREE			

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Last / Present Employer:	Length of Service (Dates)		Duties Performed
Address:	Start	End	
Telephone Number:	Hourly Rate/ Salary		
Supervisor's Name & Position:	Start	Final	
Your Job Title:			
Reason For Leaving?			
May we contact now? () Yes () No			
Last / Present Employer:	Length of Service (Dates)		Duties Performed
Address:	Start	End	
Telephone Number:	Hourly Rate/ Salary		
Supervisor's Name & Position:	Start	Final	
Your Job Title:			
Reason For Leaving?			
May we contact now? () Yes () No			
Last / Present Employer:	Length of Service (Dates)		Duties Performed
Address:	Start	End	
Telephone Number:	Hourly Rate/ Salary		
Supervisor's Name & Position:	Start	Final	
Your Job Title:			
Reason For Leaving?			
May we contact now? () Yes () No			

PLEASE LIST THREE *PROFESSIONAL REFERENCES:*

(List only your work-related references)

Name: _____ Telephone Number: _____

In what capacity did you know this individual? _____

Name: _____ Telephone Number: _____

In what capacity did you know this individual? _____

Name: _____ Telephone Number: _____

In what capacity did you know this individual? _____

APPLICANTS STATEMENT

I hereby certify that I have been informed of the duties, the hours and days of work of the position for which I am applying, and that the information on this application is correct and complete to the best of my knowledge.

I agree to have any of the statements checked by Ettie Lee Youth & Family Service unless I have indicated to the contrary. Further, I understand that falsification or omission of any material information on this application, if I receive a job offer, may be considered sufficient cause for immediate termination. I agree that if employed, I will abide by all policies and procedures established by the employer.

I hereby acknowledge that my employment is "at-will," that I may resign at any time and Ettie Lee Youth & Family Services may terminate my employment at any time, with or without cause, and with or without notice, that any assurance of continued employment, whether written, oral or by conduct, shall not be interpreted as changing the nature of the employment relationship unless specifically acknowledged in writing by the President & CEO of Ettie Lee Youth & Family Services.

By: _____ Date _____
 Signature of Applicant

FOR ETTIE LEE YOUTH & FAMILY SERVICES USE ONLY

Interviewed Yes No

Remarks: _____

Employed: Yes No Starting Date: _____

Job Title _____ Salary _____ Dept: _____

By: _____
 Name and Title

Ettie Lee Youth & Family Services

Equal Employment Opportunity Questionnaire Recruiting Survey

This information below is voluntary and is designed to meet federal requirements and to assist us in measuring the effectiveness of our recruitment process. Please complete the form and submit it with your application. This information will be kept confidential and will not be used as part of the examination process.

Race/Ethnic Identification (check one):

Hispanic – Persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

Black – (Not of Hispanic Origin) Persons having origins in any of the Black Racial groups in Africa.

American Indian or Alaskan Native – Persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.

White – (Not of Hispanic Origin) Persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

Asian or Pacific Islander - Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands. Includes China, Japan, and Korea.

Sex Male Female

Date: _____
 Month / Day / Year

ETTIE LEE YOUTH & FAMILY SERVICES
BALDWIN PARK, CA. 91706-0339

REQUEST FOR EMPLOYMENT VERIFICATION

Please complete # 1 and 3 only

1. Applicant's Name: _____

2. Position Applied For: _____

Previous Employer: _____ Phone: _____

Name of Person Contacted: _____ Title: _____

What capacity does Contact know applicant? _____

➤ Employment was Full Time Part Time
 Paid Volunteer

Dates Employed: _____ to _____
 Month/Year Month/Year

Job description (including position, title and classification, duties & responsibilities)

Describe strengths: _____

Describe weakness: _____

Would you consider employing again? Yes No

Wages/Salary: Amount _____ per week _____ per month _____ per hour

Reference Completed by: _____
 Name of individual completing reference check Date Time

3. I _____ hereby give my consent to release information
 (your signature)
regarding my employment. Date _____