

# The Los Angeles Child Guidance Clinic

Today's Date: \_\_\_\_\_

## APPLICATION FOR EMPLOYMENT

It is the policy of THE LOS ANGELES CHILD GUIDANCE CLINIC to provide equal employment opportunity to all qualified applicants and employees without regard to race, color, ancestry, national origin, sex, age (40+), marital status, sexual orientation, veteran's status or presence of disability.

NOTICE: THE LOS ANGELES CHILD GUIDANCE CLINIC IS COMMITTED TO MAINTAINING A DRUG-FREE WORK ENVIRONMENT. Pre-employment or other drug testing may be required of applicants or employees. If you use illegal drugs, please do not apply for employment with our clinic.

PLEASE PRINT OR TYPE

### PERSONAL DATA

Last Name	First Name	M.I.	
Address	City	State	Zip
Telephone Number(s)	Social Security Number		

### POSITION DATA

What type of employment are you seeking?  full time  part time  temporary  any  
Position(s) desired: 1) \_\_\_\_\_ 2) \_\_\_\_\_

Date available for employment \_\_\_\_\_ Can you work overtime if required?  yes  no  
Work days and hours preferred: \_\_\_\_\_

Are there any days or hours you cannot/will not work? \_\_\_\_\_

Have you ever worked here before? If yes, give dates and job title: \_\_\_\_\_

List any family members or acquaintances who work here: \_\_\_\_\_

How did you hear about our job opening, or what prompted you to apply for employment with us? \_\_\_\_\_

### ALL APPLICANTS

Are you over 18 years old?  yes  no  
Do you have reliable transportation to work?  yes  no  
If hired, can you provide proof of identity and legal right to work in the U.S.?  yes  no

List any other names you have used under which your past employment, education or training can be verified: \_\_\_\_\_

List the name and phone number of your emergency contact: \_\_\_\_\_

**EDUCATION (ALL DEGREES WILL BE VERIFIED)**

TYPE OF SCHOOL	NAME and LOCATION	# OF YEARS COMPLETED	DID YOU GRADUATE?	MAJOR STUDIES	DEGREE, DIPLOMA OR CERTIFICATE
HIGH SCHOOL					
COLLEGE					
COLLEGE					
TRADE SCHOOL					
OTHER					
OTHER					

**TRAINING AND JOB SKILLS**

In addition to your work history, what other background, experiences, classes, training, seminars, credentials, licenses, special skills or aptitudes, knowledge of office machines or other equipment, or other qualifications do you have that especially qualify you for the position you are seeking?

**MILITARY EXPERIENCE**

List any military experience you have that may be relevant to the position for which you are applying. If relevant, please also include your branch of service, highest rank attained, and any special training received. Also list your type of discharge OR any reserve obligations you have:

**VERIFICATION OF EMPLOYMENT**

May we contact your current employer? \_\_\_yes\_\_\_no

If you have any previous employers you do not wish us to contact, please list them here plus the reason they may not be contacted:

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## WORK EXPERIENCE

Start with your present or last job. Please account for all periods of employment, job-related military service assignment, significant volunteer experiences and unemployment. ALL EMPLOYMENT RECORDS WILL BE VERIFIED.

NAME OF EMPLOYER	DATES EMPLOYED:	JOB TITLE:
ADDRESS	FROM: TO:	WORK PERFORMED:
PHONE NUMBER		
SUPERVISOR		
REASON FOR LEAVING:		

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ADDRESS	FROM: TO:	WORK PERFORMED:
PHONE NUMBER		
SUPERVISOR		
REASON FOR LEAVING:		

**IF YOU NEED ADDITIONAL SPACE, PLEASE CONTINUE ON A SEPARATE PIECE OF PAPER**

### INTERESTS

What are your current job goals?

What are your long-range career goals?

List your membership(s) in professional or community organizations ( you may exclude those that would indicate the race, color, religion, ancestry, gender, age, national origin, marital status, veteran's status, sexual orientation, disability or other status of its members):

### EMPLOYMENT VERIFICATION and AUTHORIZATION (READ CAREFULLY BEFORE SIGNING)

I understand this application for employment is not in any sense a contract or agreement of employment. I understand an offer of employment with THE LOS ANGELES GUIDANCE CLINIC may be subject to any or all of the following: successful completion of a job-related physical examination, including a test for TB and a screen for drugs alcohol, successful passing of job-related testing, a review of work history, references, credential, degrees and other background information, fingerprinting for criminal clearance by the Department of Justice, and proof of my identity and right to work in the United States. If I am hired, I understand additional personal information will be required to determine if I or any of my dependents are eligible for Clinic-sponsored benefits, and for statistical/government reporting purposes.

I acknowledge the facts I have stated on this application are true and complete to the best of my knowledge. I understand any falsification or omission of information on this application may be cause to deny me employment, or if already hired, cause for dismissal.

I understand THE LOS ANGELES GUIDANCE CLINIC and its public and private funding sources are concerned about the honesty, integrity and personal responsibility of its employees and prospective employees. I hereby grant THE LOS ANGELES GUIDANCE CLINIC and any of its authorized agents permission to conduct a complete review of my work history, job qualifications, civil and criminal records, educational achievements, credential(s) or license(s), driving record or any other aspect of my background that may be related to the position for which I am applying. I understand this review may involve contact with my former employer(s) and/or associates, and hereby agree to hold harmless from liability any and all parties involved with regard to the release of information during this review. I understand I have the right to make a written request within a reasonable period of time for disclosure of information concerning the nature and scope of this investigation.

If I am hired, I agree to abide by the policies and procedures of THE LOS ANGELES GUIDANCE CLINIC. I acknowledge that the Clinic is an at-will employer, and understand my employment and compensation can be ended at any time by either myself or the Clinic, with or without a cause and with or without notice. I understand no person employed by the Clinic may enter into an employment agreement with me for a specified or indefinite period of time, nor in any other way make an agreement contrary to the Clinic's at-will policy. To be binding, any agreement contrary to the at-will policy must be in writing and be signed by both myself and the Chairman of the Board of the Clinic.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## APPLICANT IDENTIFICATION RECORD

Regulations of the California Fair Employment and Housing Commission require employers to obtain certain information from each job applicant. This form is used to provide each applicant with an opportunity to furnish such information voluntarily. All information that is provided voluntarily will be used only for record-keeping purposes. Further, such information will be kept separate from the application and an employee's main personnel file. Such information will not be used for any discriminatory purposes.

1. Sex: Male \_\_\_\_\_ Female \_\_\_\_\_
2. Position Applied for \_\_\_\_\_
3. Please Check One:
  - a. \_\_\_\_\_ American Indian or Alaskan Native
  - b. \_\_\_\_\_ Asian or Pacific Islander
  - c. \_\_\_\_\_ Black
  - d. \_\_\_\_\_ Hispanic
  - e. \_\_\_\_\_ Caucasian
  - f. \_\_\_\_\_ Other (Please Specify \_\_\_\_\_ )
4. National Origin \_\_\_\_\_
5. Date: \_\_\_\_\_