

Los Angeles Centers for Alcohol and Drug Abuse

11015 Bloomfield Avenue, Santa Fe Springs, CA 90670

APPLICATION FOR EMPLOYMENT

First Name _____ Middle _____ Last _____

Present Address _____ City/State/Zip _____

Phone: (____) _____ Cell: (____) _____

E-mail: _____ Other _____

Years at this Address _____ Driver's License # _____ Expiration Date: _____

Position Applied for _____ How did you learn of this opening? _____

Do you have any physical condition, which may limit your ability to perform the job(s) applied for? _____

If yes explain: _____

Previously employed here? _____ From: _____ To: _____ Dept. _____

In case of Accident or Emergency, notify _____ Phone: _____

Address _____ City _____ State/Zip _____

SKILLS: (Please list any skills and abilities you feel are relevant to this position, including languages spoken.)

GIVE TWO WORK REFERENCES:

Name and Company _____ Title _____ Phone / Best time to call _____

Name and Company _____ Title _____ Phone / Best time to call _____

EDUCATION

TYPE	NAME OF SCHOOL, AND ADDRESS	NO. OF YRS	COUSE OR MAJOR	DIPLOMA/DEGREE
HIGH SCHOOL				
COLLEGE				
TRADE, PROF, SCHOOL OR OTHER				

PROFESSIONAL & TECHNICAL APPLICANTS ONLY

Professional License # _____ Type of License _____ State _____ Exp. Date _____

WORK EXPERIENCE

Begin with most recent job and account for all time, including periods of unemployment and any prior employment by this company.

LAST/PRESENT EMPLOYEER	SUPERVISOR	YOUR POSITION & DUTIES:
ADDRESS/CITY/STATE	SUPERVISORS TITLE	START LEAVE
PHONE NUMBER ()	MAY WE CONTACT?	REASON FOR LEAVING:
LAST/PRESENT EMPLOYEER	SUPERVISOR	YOUR POSITION & DUTIES:
ADDRESS/CITY/STATE	SUPERVISORS TITLE	START LEAVE
PHONE NUMBER ()	MAY WE CONTACT?	REASON FOR LEAVING:
LAST/PRESENT EMPLOYEER	SUPERVISOR	YOUR POSITION & DUTIES:
ADDRESS/CITY/STATE	SUPERVISORS TITLE	START LEAVE
PHONE NUMBER ()	MAY WE CONTACT?	REASON FOR LEAVING:

I HEREBY CERTIFY THAT I HAVE BEEN INFORMED OF THE DUTIES OF THE POSITON FOR WHICH I AM APPLYING, AND THAT INFORMATION ON THIS APPLICATION IS CORRECTED AND COMPLETED TO THE BEST OF MY KNOWLEDGE. I AGREE TO HAVE ANY OF THE STATEMENTS CHECKED BY THE COMPANY UNLESS I HAVE INDICATED TO THE COMPANY. FURTHER, I UNDERSTAND THAT FALSIFICATION OR OMISSION OF ANY MATERIAL INFORMATION ON THIS APPLICATION, OR FAILURE TO PASS THE PHYSICAL EXAMINATION, INCLUDING A DRUG SCREENING, IF I RECEIVE A JOB OFFER, MAY BE CONSIDERED SUFFICIENT 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 THE EMPLOYER MAY TERMINATE MY EMPLOYMENT AT ANY TIME, WITH OR WITHOUT CAUSE, THAT ANY ASSURANCES 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 EXECUTIVE DIRECTOR.

SIGNATURE OF APPLICANT: _____ DATE: _____