

# APPLICATION FOR EMPLOYMENT



**TESSIE CLEVELAND COMMUNITY SERVICES CORP.**

8019 S. Compton Avenue  
Los Angeles, CA 90001  
(323) 586-7333

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any legally protected status.

*(PLEASE PRINT)*

Position (s) Applied For				Date of Application	
How Did You Learn About Us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Inquiry <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other _____					
Last Name		First Name		Middle Initial	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Address	Number	Street	City	State	Zip Code
Telephone Number (s)				Social Security Number (voluntary)	
Ethnicity (this question is optional) <input type="checkbox"/> Other (Please Specify) _____ <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Alaskan/Native American					

Best time to contact you at home is: .....:.....  AM  PM

If you are under 18 years of age, can you provide required proof of your eligibility to work? .....  Yes  No

Have you ever filed an application with us before? If yes, give date .....  Yes  No

Have you ever been employed with us before? If Yes, give date .....  Yes  No

Do any of your friends or relatives, other than spouse, work here? .....  Yes  No

If Yes, state name, relationship and location \_\_\_\_\_

Are you currently employed? .....  Yes  No

May we contact your present employer? .....  Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  
*Proof of citizenship or immigration status will be required upon employment.* .....  Yes  No

Date available for work \_\_\_\_\_ What is your desired salary range? \_\_\_\_\_

Are you available to work:     Full Time    (Please indicate     1     2     3     shift )  
     Part Time    (Please indicate     Mornings     Afternoon     Evenings )  
     Temporary    (Please indicate dates available \_\_\_\_\_ - \_\_\_\_\_ )

Are you currently on "lay off" status and subject to recall? .....  Yes  No

Can you travel if a job requires it? .....  Yes  No

## EDUCATION

School	Name and Address of School	Course of Study	No. of Years completed	Diploma / Degree
High School				
Undergraduate College				
Graduate/Professional				
Other (Specify)				

## ADDITIONAL INFORMATION

List all Spoken Languages: \_\_\_\_\_

State any additional information you feel may be helpful to us in considering your application, including any job related training in the U.S. Military.

\_\_\_\_\_

\_\_\_\_\_

**Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities in the job or occupation for which you have applied?  
 A review of the activities involved in such a job or occupation has been given. ....  Yes  No

## EMPLOYMENT EXPERIENCE

Start with your present or last job, include any job related military service assignments and volunteer activities. Exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Numbers	Hourly Rate/Salary		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason for leaving	May We Contact		<input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Numbers	Hourly Rate/Salary		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason for leaving	May We Contact		<input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Numbers	Hourly Rate/Salary		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason for leaving	May We Contact		<input type="checkbox"/> Yes <input type="checkbox"/> No

## REFERENCES **Do not include family members or past supervisors**

Name	Phone Number	Best Time to Call	Occupation
1			
2			
3			

## APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless I otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that the false or misleading information given in my application or interview (s), including any and all information provided in connection to my application, may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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