

**EMPLOYMENT APPLICATION**

**An Equal Opportunity, At-Will Employer**

Thank you for considering applying for a position with San Gabriel Children’s Center (SGCC). We appreciate the time you are giving to complete this employment application. It is important that you ***fully and accurately*** complete this form yourself and indicate the position(s) for which you wish to be considered. Please be very careful completing this application. We will verify the information you provide on this application.

***All questions must be answered completely***. A resume may be attached to the application form, but does not take the place of the information requested in the application.

Date:   
**PERSONAL INFORMATION**

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| Name (last, first and middle): | | | | | | E-Mail Address: | | |
| Have you ever used another name? | | | | | | If yes, list all other names by which you have been known. | | |
| Present Address Street/Apt. No. City State Zip Code | | | | | | | How many years & months at this address? | |
| Home Phone Number: | | | Work Phone Number: | | | | Cell/Mobile Phone Number: | |
| **Previous address for past 7 years if different from above** | | | | | | | | |
| Previous Address Street/Apt. No. City State Zip Code | | | | | | | How many years & months at this address? | |
| Previous Address Street/Apt. No. City State Zip Code | | | | | | | How many years & months at this address? | |
| Previous Address Street/Apt. No. City State Zip Code | | | | | | | How many years & months at this address? | |
| If under 18 years of age, can you after employment, submit a work permit? | | | | After employment, can you provide proof that you are allowed to work in the U.S.? | | | |
| Is there any reason why you would be unable to perform or to safely perform any of the duties of the position as set forth on the job description for the position?  If “yes” please explain: | | | | | | | | |
| **A valid California driver’s license and car insurance may be a requirement for the position you are applying for. Complete this section *only* if you are applying for a position which requires this information.** | | | | | | | | |
| Driver’s License #: | State Issued: | | Expiration: | | Car Insurance: | | Expiration: |

**EMPLOYMENT DESIRED**

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| --- | --- | --- |
| Position applying for: | Date you can start: | Salary expectation: |
| Are you applying for:    Please indicate the days and hours of availability:  Are you available to work on weekends?.....................................................................................................................  Would you be available to work overtime if necessary?  Have you ever worked for SGCC or Research and Treatment Institute before?  Where?  When?  If so, name of last supervisor:  Exact reason(s) for leaving:  Have you ever applied for a position at SGCC or Research and Treatment Institute before?  If so, where?  When?  Do you have any friends or relatives working for SGCC?  If so, state name(s) and relationship(s)  Why are you applying to work for SGCC  Do you have any commitment to another entity or person that might affect your employment with SGCC?  If so, describe fully:  Please indicate how you heard about this position:    Name of Employee:  Other Sources: | | |

**REFERENCES – Please give names of three persons not related to you who have knowledge of your work performance.**

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| Name: | Address: | Telephone Number(s): |
| Occupation of Reference: | Did you work together? If yes, name of company/agency: | Number of Years Acquainted |

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| --- | --- | --- |
| Name: | Address: | Telephone Number(s): |
| Occupation of Reference: | Did you work together? If yes, name of company/agency: | Number of Years Acquainted |

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| --- | --- | --- |
| Name: | Address: | Telephone Number(s): |
| Occupation of Reference: | Did you work together? If yes, name of company/agency: | Number of Years Acquainted |

**EDUCATION, TRAINING AND EXPERIENCE**

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| --- | --- | --- | --- | --- |
| High School: | Location: | No. of years attended: | Did you graduate? | Major/Minor studied: |
| College/University: | Location: | No. of years attended: | Did you graduate? | Major/Minor studied: |
| College/University: | Location: | No. of years attended: | Did you graduate? | Major/Minor studied: |
| Graduate School: | Location: | No. of years attended: | Did you graduate? | Major/Minor studied: |
| Vocation/Business School: | Location: | No. of years attended: | Did you graduate? | Major/Minor studied: |
| Do you speak, write or understand any foreign languages which are relevant to the position for which you are applying?  If yes, which languages?  Do you have any other experience, training, qualification or skill which is relevant to the position for which you are applying?  If yes, please explain  Typing speed (wpm):  List any computer programs you are familiar with as it relates to the position you are applying for: | | | | |

**PROFESSIONAL AND TECHNICAL APPLICANTS ONLY**

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| **Answer the following questions if you are applying for a professional or technical position.**  Are you licensed/certified?  Type of license/certificate:  Number of license/certificate:  Issuing State:  Expiration Date:  \* Has your license/certificate ever been revoked or suspended?  If yes, state reason(s), date of revocation or suspension, and date of reinstatement. |

**MILITARY SERVICE RECORD**

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| --- | --- | --- | --- | --- |
| Branch of Service | Rank Attained | | Are you presently serving in the National  Guard of the Reserves? | If so, when does your commitment end? |
| Was your separation from the military for any reason other than an honorable discharge? | | Describe any relevant skills acquired during military service. | | |

**UNEMPLOYMENT HISTORY**

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| **Please account for any time(s) you were not employed in the last 10 years, after leaving school. (Note: Attach additional page(s) if necessary.) You must account for all periods of unemployment.** | |
| **Time Period:** | **Reason Unemployed:** |
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**List the past 10 years of employment history, starting with the most recent. Attach additional sheets if necessary.**

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| Last/Present Employer | Duties Performed | |
| Address |
| Telephone Number(s) |
| Supervisor’s Name, Position, & Phone Number |
| Your Job Title | Average hrs. worked weekly: | |
| Reason for Leaving | Start Date: | End Date: |
| May we contact? |  | |

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| --- | --- | --- |
| Last/Present Employer | Duties Performed | |
| Address |
| Telephone Number(s) |
| Supervisor’s Name, Position, & Phone Number |
| Your Job Title | Average hrs. worked weekly: | |
| Reason for Leaving | Start Date: | End Date: |
| May we contact? |  | |

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| --- | --- | --- |
| Last/Present Employer | Duties Performed | |
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| Telephone Number(s) |
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| Your Job Title | Average hrs. worked weekly: | |
| Reason for Leaving | Start Date: | End Date: |
| May we contact? |  | |

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| --- | --- | --- |
| Last/Present Employer | Duties Performed | |
| Address |
| Telephone Number(s) |
| Supervisor’s Name, Position, & Phone Number |
| Your Job Title | Average hrs. worked weekly: | |
| Reason for Leaving | Start Date: | End Date: |
| May we contact? |  | |

**AUTHORIZATION**

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| **Important: please read carefully and initial each paragraph before signing.**  **Initial**  **“**I declare under penalty of perjury that the information contained in this application and any resume or other documentation submitted is true and complete to the best of my knowledge.”  “I understand that any false information or significant omissions will disqualify me from further consideration for employment, and will be justification for my dismissal from employment, if discovered at a later date.”  “I agree to immediately notify SGCC if I should be convicted of any crime while my job application is pending or during my employment, if hired.”  “I give permission for a complete employment background check.”  “I consent to the appropriate release of any and all medical information, as may be deemed necessary as it relates to my possible employment with SGCC.”  “If I become employed, in consideration of my employment, I understand that I must comply with SGCC rules, regulations, policies and procedures.”  “I authorize the investigation of all statements contained in the Employment Application Form (and accompanying resume, if any) and further authorize any person, school, current employer (except as expressly noted), past employer(s), and organizations named in the Employment Application Form and accompanying resume, if any to provide SGCC with records, information, and opinion that may be useful in making a hiring decision. I release all information from all liability for any damage that may result from furnishing information and opinion (which is truthful or made in good faith) to SGCC.  “I hereby acknowledge that any employment is “at-will”, that I may resign at any time and the Agency may terminate any employment at any time, with or without cause and with or without notice, that any assurance of continued employment, whether written, or not 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 the Agency.”  By:  Signature of Applicant Date |

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| **For Agency Use Only** |
| Interviewed: Remarks: |
| Employed: Remarks:  Starting Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Salary: \_\_\_\_\_\_\_\_\_\_\_ Department:\_\_\_\_\_\_\_\_\_\_\_\_ By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_ |

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| **SGCC is an Equal Opportunity Employer. It is the policy of SGCC to consider all job applicants on the basis of merit without regard to race, color, religion, sex, pregnancy, age, national origin, ancestry, marital status, veteran status, disability, medical condition, sexual orientation, or any other protected characteristic.** |