

America's JobCenter of California

Hub Cities Consortium 2677 Zoe Avenue, Second Floor Huntington Park, CA 90255 Phone: (323) 586-4700 • Fax: (323) 586-4702

EMPLOYMENT APPLICATION

Position Applied For:

AN EQUAL OPPORTUNITY EMPLOYER

INSTRUCTIONS: PLEASE READ CAREFULLY - Type or print clearly in ink, answer questions completely. Incomplete, inaccurate, or illegible applications may be rejected.

Name	(Last)	(First	.)	(Middle)						Social Security No.			
Address				City:		S	tate	Zip		TELEPHONE	Home/ C Business		
In case of	of accident, please	e notify:								EMAIL:			
Do you cla	aim Veteran's Pre	eference? Yes 🗆	No 🗆	If yes, p	roof of hoi	norable di	scharge DD2	214 from U.	S. Arm	ed Forces n	nust be at	tached with applicati	
Do you require special accommodations which may affect you performing the specific job duties relating to the position opening? Yes No If yes, please describe and explain the special accommodations and or work limitations.													
HIGH SCHOOL EDUCATION: Highest Grade Completed Name & Location of High School Last Attended Did you graduate? Yes Ino Ino 8 9 10 11 12 Name & Location of High School Last Attended Did you graduate? Yes Ino Ino													
Names & Locations of Accredited Community College or Univers			sity	Major/Co	oncentratio	tration Years Com		pleted Total Units □ Quarter □ Sem		nester	Degrees		
ADDITIONAL GRADUATE STUDY, TRADE OR PROFESSIONAL SCHOOLS (COMPLETE NAME AND ADDRESS)													
PROFESSIONAL LICENCE, CERTIFICATE OR OTHER CREDENTIAL PERTINENT TO THE POSITION													
What languages, other than English, can you speak or write?													
Which com	nputer software yo	ou familiar with?											
Do you po	sses a valid Califo	ornia driver's license?	′es □ _/ No	State:		Number:				Expiration [Date:		
Can you, a	after employment,	submit verification of your	legal right	to work in th	e United S	States?	∃Yes □No						
PERSON	AL REFERENCE	S - Please give two referer	nces who a	re not relativ	es nor for	mer empl	oyers						
NAME		Phone Number	Occupa	ation		NAME		Ph	one Nu	mber	Oc	cupation	
		Address						Address		I			

	nt or most recent e			nt for all time during the past 10 years. Start wi I Please don't □ Do not mind	th present employment. Use additional sheets if necessary.					
Employer's Name	:		Telep	hone:	Job Title:					
Address				<i>r</i> .	Description of Duties:					
City State Zip			Hours	per Week:						
From To			Imme	diate Supervisor:						
Reason for Leavir	ng:		1							
Employer's Name				hone:	Job Title:					
Address				/:	Description of Duties:					
City	State	Zip	Hours	per Week:						
From	То		Imme	diate Supervisor:						
Reason for Leavi	ng:									
Employer's Name				hone	Job Title					
Address				у	Description of Duties:					
City State Zip			Hours	s per Week	1					
From	То		Imme	diate Supervisor:	1					
Reason for Leavi	ng									
Employer's Name				none	Job Title					
Address			Salary	,	Description of Duties					
City	State	Zip	Hours	per Week						
From	То		Imme	diate Supervisor						
Reason for Leavi	ng:									
application, an investi a personal interview v information concernin	hat as part of our proce igative background rep with you and/or any thi ig you and/or a record s s are made subject to t ground report.	ort may be made t rd parties who may search.	hrough y have	any kind whatsoever. I agree that the City shall not be lia ments, answers or omissions made by me in this question information regarding my employment, or my physical co	fy that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of ind whatsoever. I agree that the City shall not be liable in any respect if my employment is terminated because of the fatality of state- s, answers or omissions made by me in this questionnaire. I authorize the companies, schools or persons named above to give any nation regarding my employment, or my physical condition, together with any information they may have regarding me whether or not their records. I hereby release said companies, schools or persons from all liability for issuing this information. hture Date					