



# Wayfinder

## FAMILY SERVICES

Together, we'll reach new heights.

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# EMPLOYMENT APPLICATION

*(Equal Opportunity Employer)*

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**NAME (PRINT)**

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**POSITION**

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**DATE**

**Where did you learn about this job?**

- Job Board (specify): \_\_\_\_\_
- Company Website: \_\_\_\_\_
- Referring Individual: \_\_\_\_\_
- Other: \_\_\_\_\_



**PERSONAL INFORMATION**

All questions need to be answered for your application to be considered.

Name: Last		First		Middle	
(Note: This information is only necessary for verification of your prior work history and education.)					
List all other names by which you have ever worked or been educated:					
Present Address: Street		Apt. No.	City		State
					Zip Code
Home Telephone ( )		Cell/Message Telephone ( )		E-mail address	
Are you 18 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No			Can you provide proof of right to work in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**EMPLOYMENT DESIRED**

Position: _____		Full Time _____ Part Time _____		How many hours? _____	
Date you can start: _____		Salary/Pay Desired: _____		Please put an amount. "Open" or "Negotiable" is not acceptable.	
Have you ever applied to our company before? <input type="checkbox"/> Yes <input type="checkbox"/> No		When? _____		What position? _____	
Have you ever worked for our company before? <input type="checkbox"/> Yes <input type="checkbox"/> No		Dates? _____			
Was termination voluntary, or involuntary? Give exact reasons for leaving: _____					
Do you have a relative, by blood or marriage, working at Wayfinder Family Services? <input type="checkbox"/> Yes <input type="checkbox"/> No Relation type: _____					
Name of Relative: _____					

**PERFORMANCE OF JOB FUNCTIONS**

Are you able to perform the essential job functions of the job which you are applying, with or without accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have adequate transportation to and from work? <input type="checkbox"/> Yes <input type="checkbox"/> No
If requested, are you available to work (check all that apply): <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends <input type="checkbox"/> Overtime

**EDUCATION**

Type of Institution	Institution Name	Years Completed (Circle)	Type of Diploma/ Degree Received	Describe Course of Study or Major
High School		9 10 11 12		
College/University		1 2 3 4		
Graduate/Professional		1 2 3 4		
Trade or Other				

**SPECIAL SKILLS AND QUALIFICATIONS**

Please list languages in which you are fluent and any other experience, training, or qualifications you have:

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**EMPLOYMENT HISTORY**

**List last four employers beginning with your current or most recent**

Employer:	Type of business:	Telephone: ( )
Address:		
Start (MM/YY)___/___/___	End (MM/YY)___/___/___	Hours per week: _____
Job Title: _____	Did your duties require you to work with children? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Description of duties: _____		
Supervisor: _____		Is this your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Exact reason for leaving (If current employer, will you be resigning? Explain.): _____		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer:	Type of business:	Telephone: ( )
Address:		
Start (MM/YY)___/___/___	End (MM/YY)___/___/___	Hours per week: _____
Job Title: _____	Did your duties require you to work with children? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Description of duties: _____		
Supervisor: _____		Is this your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Exact reason for leaving (If current employer, will you be resigning? Explain.): _____		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer:	Type of business:	Telephone: ( )
Address:		
Start (MM/YY)___/___/___	End (MM/YY)___/___/___	Hours per week: _____
Job Title: _____	Supervisor: _____	
Description of Duties: _____		
Exact reason for leaving (If current employer, will you be resigning? Explain.): _____		
Did your duties require you to work with children? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employer:	Type of business:	Telephone: ( )
Address:		
Start (MM/YY)___/___/___	End (MM/YY)___/___/___	Hours per week: _____
Job Title: _____	Supervisor: _____	
Description of Duties: _____		
Exact reason for leaving (If current employer, will you be resigning? Explain.): _____		
Did your duties require you to work with children? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**SERVICE RECORD**

U.S. Military or Naval Service: \_\_\_\_\_ Rank: \_\_\_\_\_

Relevant skills acquired during military service: \_\_\_\_\_

**UNEMPLOYMENT HISTORY**

Please account for any time greater than one month you were not employed in the last ten years after leaving school (please include time period and reason):

\_\_\_\_\_

\_\_\_\_\_

**REFERENCES**

Give the names of three persons not related to you who have knowledge of your work performance within the last three years.

Name & Years of Acquaintance	Telephone	Occupation
	( )	
	( )	
	( )	

**MISCELLANEOUS**

Do you have any commitments to another entity, business or person that may affect your employment with Wayfinder Family Services?  Yes  No

Explain fully: \_\_\_\_\_

\_\_\_\_\_

**An applicant's criminal conviction history will not be taken into consideration before making a conditional offer of employment. Wayfinder Family Services may inquire about and consider an applicant's conviction history after a conditional offer is extended, in accordance with State and Federal law regulations.**

**THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF THIRTY (30) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.**

**I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND ACCURATE.**

\_\_\_\_\_ **Date**

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

## APPLICANT'S STATEMENT AND AGREEMENT

In the event of my employment to a position at the Wayfinder Family Services (Wayfinder), I will comply with all rules and regulations of this Wayfinder. I understand that Wayfinder reserves the right to require me to submit to a test for the presence of drugs in my system prior to employment and at any time during my employment, to the extent permitted by law. I also understand that any offer of employment may be contingent upon the passing of a physical examination. I consent to the disclosure of the results of any physical examination and related tests to Wayfinder. I also understand that I may be required to take other tests such as personality and honesty tests, prior to and during my employment. I understand that should I decline to sign this consent or take any of the above tests, my application for employment may be rejected or my employment may be terminated. I understand that bonding may be a condition of hire. If it is, I will be so advised either before or after hiring and a bond application will have to be completed.

INITIAL \_\_\_\_\_

I further understand that Wayfinder may obtain Public Records about me as part of a background investigation and that I may waive my right to receive a copy of such Public Records by checking the box to the right [ ].

INITIAL \_\_\_\_\_

I further understand that Wayfinder may contact my previous employers. I authorize those employers to disclose to Wayfinder all records and information pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, I hereby waive any rights or claims I have or may have against my former employers, their agents, employees, and representatives, as well as other individuals who release information to Wayfinder, and release them from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me. I authorize the persons named herein as personal references to provide Wayfinder with any pertinent information they may have regarding myself.

INITIAL \_\_\_\_\_

I hereby state that all the information that I have provided on this application or any other documents completed in connection with my employment, and in any interview is true and accurate. I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that if I am employed and any information provided to Wayfinder is found to be false or incomplete in any respect, I may be dismissed.

INITIAL \_\_\_\_\_

I further agree and acknowledge that Wayfinder and I will utilize binding arbitration to resolve all disputes that may arise out of the employment context. Both Wayfinder and I agree that any claim, dispute, and/or controversy that either I may have against Wayfinder (or its owners, directors, officers, managers, employees, agents, and parties affiliated with its employee benefit and health plans) or Wayfinder may have against me, arising from, related to, or having any relationship or connection whatsoever with my seeking employment with, employment by, or other association with Wayfinder shall be submitted to and determined exclusively by binding arbitration under the Federal Arbitration Act, in conformity with the procedures of the California Arbitration Act (Cal. Code Civ. Proc. sec 1280 et seq., including section 1283.05 and all of the Act's other mandatory and permissive rights to discovery). Included within the scope of this Agreement are all disputes, whether based on tort, contract, statute (including, but not limited to, any claims of discrimination and harassment, whether they be based on the California Fair Employment and Housing Act, Title VII of the Civil Rights Act of 1964, as amended, or any other state or federal law or regulation), equitable law, or otherwise, with exception of claims arising under the National Labor Relations Act which are brought before the National Labor Relations Board, claims for medical and disability benefits under the California Workers' Compensation Act, Employment Development Department claims, or as otherwise required by state or federal law. However, nothing herein shall prevent me from filing and pursuing proceedings before the California Department of Fair Employment and Housing, or the United States Equal Employment Opportunity Commission (although if I choose to pursue a claim following the exhaustion of such administrative remedies, that claim would be subject to the provisions of this Agreement). In addition to any other requirements imposed by law, the arbitrator selected shall be a retired California Superior Court Judge, or otherwise qualified individual to whom the parties mutually agree, and shall be subject to disqualification on the same grounds as would apply to a judge of such court. All rules of pleading (including the right of demurrer), all rules of evidence, all rights to resolution of the dispute by means of motions for summary judgment, judgment on the pleadings, and judgment under Code of Civil Procedure Section 631.8 shall apply and be observed. Resolution of the dispute shall be based solely upon the law governing the claims and defenses pleaded, and the arbitrator may not invoke any basis (including but not limited to, notions of "just cause") other than such controlling law. The arbitrator shall have the immunity of a judicial officer from civil liability when acting in the capacity of an arbitrator, which immunity supplements any other existing immunity. Likewise, all communications during or in connection with the arbitration proceedings are privileged in accordance with Cal. Civil Code Section 47(b). As reasonably required to allow full use and benefit of this agreement's modifications to the Act's procedures, the arbitrator shall extend the times set by the Act for the giving of notices and setting of hearings. Awards shall include the arbitrator's written reasoned opinion. **I understand and agree to this binding arbitration provision and both I and Wayfinder give up our right to trial by jury of any claim I or Wayfinder may have against each other.**

INITIAL \_\_\_\_\_

If hired, I agree as follows: My employment and compensation is terminable at-will, is for no definite period, and my employment and compensation may be terminated by either Wayfinder (employer) or me at any time and for any reason whatsoever, with or without good cause.

INITIAL \_\_\_\_\_

This is the entire agreement between Wayfinder and me regarding dispute resolution, the length of my employment, and the reasons for termination of employment, and this agreement supersedes any and all prior agreements regarding these issues. It is further agreed and understood that any agreement contrary to the foregoing must be entered into, in writing, by the President of Wayfinder. No supervisor or representative of Wayfinder, other than its President, has any authority to enter into any agreement for employment for any specified period of time or make any agreement contrary to the foregoing. Oral representations made before or after you are hired do not alter this Agreement.

INITIAL \_\_\_\_\_

If any term or provision, or portion of this Agreement is declared void or unenforceable it shall be severed and the remainder of this Agreement shall be enforceable.

INITIAL \_\_\_\_\_

**IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK A WAYFINDER REPRESENTATIVE BEFORE SIGNING. I HEREBY ACKNOWLEDGE THAT I HAVE READ THE ABOVE STATEMENTS AND UNDERSTAND THE SAME. DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT AND AGREEMENT.**

\_\_\_\_\_  
Date

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

# EMPLOYMENT VERIFICATION AUTHORIZATION

I authorize **Wayfinder Family Services** to communicate with references, former employers, schools, and any other agencies with which they desire to communicate with and agree to hold such agencies harmless with respect to any information they may give. I specifically consent to disclosure in accordance with the provisions of all applicable federal and state laws.

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Signature of Employee/Applicant

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Date

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Print Name