



Together, we'll reach new heights.

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EMPLOYMENT APPLICATION

(Equal Opportunity Employer)

NAME (PRINT)

POSITION

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:

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: _____ <input type="checkbox"/> <input type="checkbox"/>	

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: _____

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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 _____

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.

Signature of Employee/Applicant

Date

Print Name