

440 SHATTO PLACE, SUITE 417  
 LOS ANGELES, CA 90020  
 (818) 830-3646, HR FAX (818) 783-7961  
 Visit us at: [www.elnidofamilycenters.org](http://www.elnidofamilycenters.org)

**EMPLOYMENT APPLICATION  
 (Equal Opportunity Employer)**

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

**PERSONAL INFORMATION**

Last Name:  First Name:  Middle Name:

Home Phone:  Cell Phone:  E-mail Address:

Present Address:

Are you 18 years or older?  Yes  No

Can you verify that you have the legal right to be employed in the United States?  Yes  No

**EMPLOYMENT DESIRED**

1.) Are you seeking:  full-time  part-time  temporary or summer employment

2.) Position Applied for:  Salary / Pay Desired

3.) Date available to start

4.) What interested you in the Organization?

El Nido Website  Job Board (Specify):

5.) How did you hear about our organization and this job opening?  Referral Individual (Specify):

Other (Specify):

6.) Have you applied to our organization before?  Yes  No  
 When?  What Position?

7.) Have you ever worked for our organization before?  Yes  No  
 Dates?

8.) Do you have a relative (by blood or marriage) working at our organization?  Yes  No  
 Relation Type:  Name of Relative:

### PERFORMANCE JOB FUNCTIONS

Are you able to perform the essential job functions of the job to which you are applying, with or without accommodations?  Yes

No

Do you have adequate transportation to and from work?  Yes  No

If requested, are you available to work (check all that apply)?  Days  Evenings  Weekends  Overtime

### EDUCATION

Type of Institution	Institution Name	Type of Diploma/ Degree Received	Describe Course of Study or Major
High School			
College/ University			
Graduate/ Professional			
Trade or Other			

### SPECIAL SKILLS AND QUALIFICATIONS

Please list languages in which you are fluent and any other experience, training, or qualifications you have to perform the job for which you have applied:

## EMPLOYMENT HISTORY

List below all present and past employment starting with your most recent employer.

1.)

Employer:  Type of business:  Telephone:

Address:

Start Date (MM/YY)  End Date (MM/YY)  Job Title:

Description of Your Duties:

Is this your current Employer?  Yes  No May we contact this employer for a reference?  Yes  No

Supervisor's Name:  Supervisor's email:

Reason for Leaving (If current employer, will you be resigning? Explain):

2.)

Employer:  Type of business:  Telephone:

Address:

Start Date (MM/YY)  End Date (MM/YY)  Job Title:

Description of Your Duties:

May we contact this employer for a reference?  Yes  No

Supervisor's Name:  Supervisor's email:

Reason for Leaving?

3.)

Employer:  Type of business:  Telephone:

Address:

Start Date (MM/YY)  End Date (MM/YY)  Job Title:

Description of Your Duties:

May we contact this employer for a reference?  Yes  No

Supervisor's Name:  Supervisor's email:

Reason for Leaving?

**EMPLOYMENT HISTORY CONTINUED**

4.)

Employer:  Type of business:  Telephone:

Address:

Start Date (MM/YY)  End Date (MM/YY)  Job Title:

Description of Your Duties:

May we contact this employer for a reference?  Yes  No

Supervisor's Name:  Supervisor's email:

Reason for Leaving?

**SERVICE RECORD**

U.S. Military or Naval Service  Rank:

Relevant skills acquired during military service:

**REFERENCES**

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

Name	Years of Acquaintance	Telephone Number	Email Address	Occupation

**MISCELLANEOUS**

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

Explain Fully:

An applicant's criminal conviction history will not be taken into consideration before making a conditional offer of employment. El Nido Family Centers 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.

Signature: \_\_\_\_\_

Date

APPLICANT'S STATEMENT AND AGREEMENT

Initials: \_\_\_\_\_ I hereby certify that the information contained in this application form is true and correct to the best of my knowledge and agree to have any of the statements checked by El Nido unless I have indicated to the contrary. I authorize my previous employers, the references listed above, as well as all other individuals whom El Nido contacts, to provide El Nido any and all information concerning my previous employment and any other pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to El Nido as well as from the use or disclosure of such information by El Nido or any of its agents, employees, or representatives. I understand that any misrepresentation, falsification, or material omission of information on this application and any other documents completed in connection with my employment, and in any interview may result in my failure to receive an offer or, if I am hired, my dismissal from employment without any notice.

Initials: \_\_\_\_\_ 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 El Nido Family Centers (Employer) or me at any time and for any reason whatsoever, with or without cause.

Initials: \_\_\_\_\_ This is the entire agreement between El Nido Family Centers and me regarding dispute resolution, the length of my employment, and the reason 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 forgoing must be entered into, in writing by the Board President. No supervisor or representative of El Nido Family Centers other than the President of the Board 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.

Initials: \_\_\_\_\_ I also understand that all offers of employment are conditioned on El Nido's receipt of satisfactory responses to reference requests, a driving record review, an individualized assessment of any conviction history, and the provision of satisfactory proof of an applicant's identity and legal authority to work in the United States. I also understand that the taking of drugs and alcohol tests or physical exams, when required pursuant to Agency or program policy, are a condition of continued employment and refusal to take such tests when asked will be grounds for immediate termination.

Signature: \_\_\_\_\_

Date