

EL NIDO FAMILY CENTERS
10200 SEPULVEDA BLVD. , SUITE 350
MISSION HILLS, CA 91345
(818) 830-3646, FAX (818) 891-6547
PRE-EMPLOYMENT APPLICATION

El Nido Family Centers is an equal opportunity employer and will consider all applicants for all positions equally without regard to their race, sex, age, color, religion, national origin, veteran status or any disability as provided by the Americans with Disabilities Act.

This application will be given every consideration, but its receipt does not imply that the applicant will be employed. Each question should be answered in a complete and accurate manner as no action can be taken on this application until all questions have been answered.

PERSONAL INFORMATION

Name: Home Phone:

Cell Phone:

Present Address:

Are you over 18? Yes No

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

Have you ever been convicted of any crime (excluding minor traffic violations), including DUI? Yes No
Convictions for marijuana related offenses more than two years old need not be listed.

If yes, state the offense, location, date and disposition..

Note: A conviction will not necessarily disqualify you from employment

Do you have the ability, with or without reasonable accommodations, to work overtime or travel if travel and/or overtime are required by the job for which you are applying? Yes No

If no, please explain

Drivers License: State Type Currently Valid? Yes No

Do you have an automobile insurance liability policy? Yes No

EMPLOYMENT DESIRED

Are you seeking full-time part-time temporary or summer employment

Position Applied for Salary Desired

Date available to start

What interested you in the Organization?

Are you now, or do you expect to be, working in any other business or job? Yes No

Are there any days or hours you would be unwilling to work? Yes No

If yes, please specify days or hours you would be unable or unwilling to work

RECORD OF EDUCATION

<u>School</u>	<u>Name and Address</u>	<u>Describe Course of Study</u>	<u>Did you Graduate</u>	<u>Diploma/Degree</u>
High	<input style="width: 100%; height: 40px;" type="text"/>	<input style="width: 100%; height: 40px;" type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input style="width: 100%; height: 40px;" type="text"/>
College	<input style="width: 100%; height: 40px;" type="text"/>	<input style="width: 100%; height: 40px;" type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input style="width: 100%; height: 40px;" type="text"/>
Graduate or Other	<input style="width: 100%; height: 40px;" type="text"/>	<input style="width: 100%; height: 40px;" type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input style="width: 100%; height: 40px;" type="text"/>

Do you have computer skills, if so, please list them

List any experiences, including military experiences, which demonstrate your ability to perform the job for which you have applied:

Honors/Accomplishments:

Hobbies/Special Interests or Skills

Professional References (Not Former Employers or Relatives)

	<u>Name</u>	<u>Occupation/Professional Relationship</u>	<u>Phone Number</u>
1.	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
2.	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
3.	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

Do you speak any foreign language, if so, which ones:

PREVIOUS EMPLOYMENT HISTORY

1. Name, Address and Telephone Number of Company:

Position:

Supervisor:

Dates of Employment:

Starting and Ending Salary:

Brief Description of Your Duties:

Reason for Leaving:

2. Name, Address and Telephone Number of Company:

Position:

Supervisor:

Dates of Employment:

Starting and Ending Salary:

Brief Description of Your Duties:

Reason for Leaving:

3. Name, Address and Telephone Number of Company:

Position:

Supervisor:

Dates of Employment:

Starting and Ending Salary:

Brief Description of Your Duties:

Reason for Leaving:

4. Name, Address and Telephone Number of Company:

Position: Supervisor:

Dates of Employment: Starting and Ending Salary:

Brief Description of Your Duties:

Reason for Leaving:

5. Name, Address and Telephone Number of Company:

Position: Supervisor:

Dates of Employment: Starting and Ending Salary:

Brief Description of Your Duties:

Reason for Leaving:

6. Name, Address and Telephone Number of Company:

Position: Supervisor:

Dates of Employment: Starting and Ending Salary:

Brief Description of Your Duties:

Reason for Leaving:

PRE-EMPLOYMENT STATEMENT

May we contact the supervisors and professional references listed above?

Yes No

If not, indicate which one(s) you do not wish us to contact and briefly explain why.

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 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 may result in my failure to receive an offer or, if I am hired, my dismissal from employment without any notice.

In consideration of my employment, I agree to conform to the rules and standards of El Nido. I further agree that my employment and compensation can be terminated at will, with or without cause, and with or without notice, at any time, either at my option or at the option of El Nido. I understand that no employee or representation of El Nido, other than the Executive Director, has the authority to enter into any agreement from employment for any specified period of time, or to make any express or implied agreement contrary to the foregoing. Further, the Executive Director of El Nido may not alter the at-will nature of the employment relationship or enter into any employment agreement for a specified time unless the president and I both sign a written agreement that clearly and expressly specifies the intent to do so. I agree that this shall constitute a final and fully binding integrated agreement with respect to the at-will nature of my employment relationship and that there are no oral or collateral agreements regarding this issue.

I also understand that all offers of employment are conditioned on El Nido's receipt of satisfactory responses to reference requests 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 drug and alcohol test, physical exams when given pursuant to Agency policy, are a condition of continued employment and refusal to take such tests when asked will be grounds for my immediate termination.

Signature: _____

Date