



Assistance League® of Flintridge
4607 Oakwood Avenue
La Cañada Flintridge, CA 91011

APPLICATION FOR EMPLOYMENT

Please type or print

POSITION

DESIRED DATE

NAME Last First Middle

ADDRESS PHONE Street and Number Main # Home/Cell/Work City and State Zip Code Alternate # Home/Cell/Work

E-MAIL

Advanced Education/ Job Preparation
(List any Business, Trade, or Correspondence Training)

Table with 3 columns: Name of School, Address, Types of Courses, Degrees or Certificates

Special Skills: (such as music, art, computers, foreign languages, sports etc.)

Certificates, licenses, or other proof of technical or professional competence:

Other than routine violations, have you ever been convicted of a crime? Write 'yes' even if no conviction has resulted, but the outcome is pending. NOTE: DO NOT list convictions for marijuana possession or use occurring more than two years ago unless the possession or use was on the grounds of a school (California Labor Code Section 432.7). If your answer to this question is 'yes', give details below.

Have you ever used illegal drugs? Yes No If 'yes', when was the last time you used illegal drugs?

All applicants seeking positions that have contact with minors are required to be fingerprinted and undergo a California Department of Justice clearance prior to employment.

Have you ever been dismissed, or asked to resign, from any position? Yes No If your answer to this question is 'yes', give details below.

Are you legally eligible for work in the United States? Yes No

All Assistance League of Flintridge employees are required to complete an I-9 form.

REFERENCES

I authorize Assistance League® of Flintridge to make an investigation of my employment history, and authorize any former employer, person, firm, corporation, or government agency to give Assistance League of Flintridge any information they may have regarding me. In consideration of Assistance League’s review of this application, I release Assistance League of Flintridge and all providers of information from any liability as a result of furnishing and receiving this information.

Those who have knowledge of your teaching, work, and volunteer experience.

Please type or print

1. _____
 Name and Title _____ Business Telephone Number _____

_____ Business Address (please include zip code)

_____ Month and Year hired _____ Month and Year ended _____

2. _____
 Name and Title _____ Business Telephone Number _____

_____ Business Address (please include zip code)

_____ Month and Year hired _____ Month and Year ended _____

EMPLOYMENT INFORMATION

Starting with your present employment and working back, list all present and former employers. **You may include relevant unpaid or volunteer experience, and include periods of unemployment.**

Employer _____	From _____
Address _____	To _____
_____	Full Time () Part Time ()
Supervisor’s Name & Title _____	Last Salary _____
Job Description _____	Reason for leaving _____
_____	_____
Employer _____	From _____
Address _____	To _____
_____	Full Time () Part Time ()
Supervisor’s Name & Title _____	Last Salary _____
Job Description _____	Reason for leaving _____
_____	_____

It is the policy of Assistance League of Flintridge not to discriminate on the basis of race, religion, color, national origin, ancestry, disability, medical condition, marital status, sex, age, sexual orientation or any other unlawful basis in its educational programs, activities, or employment policies as required by Title IX of the 1972 Education Amendments, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act, the California Fair Employment and Housing Act, and other applicable laws and regulations.

Any misstatements or omissions of material fact in this application may be cause for dismissal.

I hereby affirm that all of the statements made in this application are true to the best of my knowledge and belief.

Signature of Applicant Date