LOS ANGELES HOMELESS SERVICES AUTHORITY

APPLICATION FOR EMPLOYMENT

LAHSA Job Title: _____

Application Instructions: Please type or print your application in blue or black ink only. Answer all questions accurately and completely. All statements on your application are subject to verification. Incorrect or incomplete information may bar or remove you from employment.

Last Name	First Name		M.I.
Mailing Address	City	State	Zip
Home phone	Business phone	Message phone	

Social Security Number: _____

Driver's License Number: _____ State: _____ Expiration Date: _____

Have you previously worked for LAHSA ? Yes ☐ No ☐

If yes, please provide dates of employment: From: _____ To: _____

If hired, are you able to provide proof of your legal right to work in the United States? Yes ☐ No ☐

Education and Training:

Name/Address of Institutions	Dates Attended From: To:	Major Subject or Course	Degree/Certificate Received
High School			
College			
Trade School			

Please list any job-related licenses or certifications: _____

Please list any additional education or training related to the position you are applying for:

Have you ever been convicted of a misdemeanor or felony by a criminal or military court? Yes ☐ No ☐

If yes, please specify the date, location, offense, and your explanation on an attached sheet of paper.

A conviction is not necessarily a bar to employment.

Are you available to work full-time (30-40 hours per week)? Yes ☐ No ☐

Are you available to work part-time (less than 30 hours per week)? Yes ☐ No ☐

What date are you available to begin work? _____

WORK EXPERIENCE: Beginning with your most recent experience, please list all employers and any periods of unemployment in the last ten years. Include self-employment, military service, and volunteer work related to the job for which you are applying. Describe the work as accurately as possible. All requested information MUST be completed. Attach additional sheets if necessary.

Present or Last Employer:		Payroll Title:
Address:		Duties:
City/State:	Zip Code:	
Telephone Number:		
Supervisor's Name:		
Dates of Employment: From: To:		Reason for Leaving:
Salary: Hourly ☐ Monthly ☐ Yearly ☐		May we contact this employer: Yes ☐ No ☐
Present or Last Employer:		Payroll Title:
Address:		Duties:
City/State:	Zip Code:	
Telephone Number:		
Supervisor's Name:		
Dates of Employment: From: To:		Reason for Leaving:
Salary: Hourly ☐ Monthly ☐ Yearly ☐		May we contact this employer: Yes ☐ No ☐
Present or Last Employer:		Payroll Title:
Address:		Duties:
City/State:	Zip Code:	
Telephone Number:		
Supervisor's Name:		
Dates of Employment: From: To:		Reason for Leaving:
Salary: Hourly ☐ Monthly ☐ Yearly ☐		May we contact this employer: Yes ☐ No ☐

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY APPLICATIONS WITH SIGNED AND DATED STATEMENTS ARE CONSIDERED VALID.

Certification of Applicant:
I certify that all information provided by me in connection with my application, whether in this document or not, is true and complete. I understand that any misstatement, falsification, or omission of information may subject me to disqualification or dismissal.

I understand that, as a condition of employment, I will be required to provide proof of my legal right to work in the United States.

I understand that my driving record may be checked at any time and that I must provide a copy of my driver's license and proof of insurance.

I understand that I may be subjected to a complete background review, including criminal convictions.

I understand that all LAHSA employment is "at will" and can be terminated by either LAHSA or the employee at any time, with or without notice, and for any reason, with or without cause.

I understand that this application does not constitute an offer of employment by LAHSA.

Print Name	Signature	Date

Please list three professional references that LAHSA may contact:

Name	Address	Phone
Name	Address	Phone
Name	Address	Phone

Unless otherwise indicated on this application, I authorize LAHSA to verify my employment and education with, and obtain employment and education information from, any person or organization named in this this application, and I authorize any of the persons or organizations named in this application to give LAHSA complete information regarding my employment or education. Employers who provide such information are released from liability arising from such disclosures.

Print Name	Signature	Date

LAHSA
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EQUAL EMPLOYMENT OPPORTUNITY SURVEY

Please provide the following **voluntary** information so that LAHSA may comply with Federal and State reporting requirements. The information you provide will **not** be considered by LAHSA when making decisions concerning employment.

_____
Name of the position

_____
Your Name

Please place an 'X' in the appropriate box:

Gender: ☐ Female ☐ Male

Ethnicity:

☐ Black (not of Hispanic origin)
☐ Asian or Pacific Islander
☐ Hispanic
☐ American Indian or Alaskan Native
☐ White (not of Hispanic origin)
☐ Filipino (People having origins in any of the original people of the Philippines Islands)