



EL CENTRITO FAMILY LEARNING CENTERS
450 South "K" St. Rm. 111 Oxnard, CA 93030
Mailing Address: P.O. Box 1613 Oxnard, CA 93032
Tel: (805) 483-8685 - Fax (805) 240-1176
Website: www.elcentrito.org - Email: centrito@elcentrito.org

EMPLOYMENT APPLICATION

EVEN IF YOU SUBMIT A RESUME, PLEASE COMPLETE THIS APPLICATION IN ITS ENTIRETY.

PERSONAL INFORMATION-PLEASE PRINT-All information will be treated confidentially.

NAME: LAST NAME		FIRST	INITIAL	SOCIAL SECURITY NUMBER	TODAY'S DATE
PRESENT STREET ADDRESS		CITY/STATE/ZIP			HOME PHONE ()
LIST OTHER NAME(S) UNDER WHICH APPLICANTS EMPLOYMENT OR EDUCATIONAL RECORDS/REFERENCES MAY BE VERIFIED				BUSINESS /DAYTIME PHONE ()	
IF HIRED CAN YOU FURNISH PROOF THAT YOU CAN LEGALLY BE PERMITTED TO WORK IN THE UNITED STATES <input type="checkbox"/> YES <input type="checkbox"/> NO		ARE YOU AT LEAST 18 YEARS OF AGE? <input type="checkbox"/> YES <input type="checkbox"/> NO		HAVE YOU FILED AN APPLICATION OR BEEN EMPLOYED HERE BEFORE? IF YES SPECIFY DATES & POSITION: YES NO DATES: POSITION:	

HAVE YOU EVER BEEN CONVICTED OF A FELONY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, STATE WHEN, WHERE, AND THE NATURE OF SUCH CONVICTION. CONVICTION OF AN OFFENSE IS NOT AN AUTOMATIC DISQUALIFICATION FROM EMPLOYMENT-ALL CIRCUMSTANCES WILL BE CONSIDERED, INCLUDING THE NATURE OF THE CRIME AND THE LENGTH OF THE TIME SINCE CONVICTION.		
IN CASE	NAME	PHONE ()
EMERGENCY NOTIFY	ADDRESS	CITY/STATE ZIP

EMPLOYMENT INTEREST

POSITION DESIRED OR AREA OF INTEREST:	TYPE OF EMPLOYMENT SEEKING <input type="checkbox"/> FT <input type="checkbox"/> TEMPORARY <input type="checkbox"/> PT <input type="checkbox"/> SUMMER	DATE AVAILABLE:	STARTING SALARY/ WAGE EXPECTED: \$ PER
ARE YOU ABLE TO WORK <input type="checkbox"/> OVERTIME <input type="checkbox"/> WEEKENDS <input type="checkbox"/> ON SHORT NOTICE	REFERRED BY: <input type="checkbox"/> NEWSPAPER <input type="checkbox"/> ON MY OWN <input type="checkbox"/> AGENCY <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> SCHOOL <input type="checkbox"/> OTHER _____	NAME OF SOURCE REFERRAL:	
ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, WHAT ESSENTIAL FUNCTIONS CAN YOU NOT PERFORM AND WHAT ACCOMMODATIONS MAY WE PROVIDE TO ASSIST YOU TO PERFORM THE FUNCTION			

EDUCATION

TYPE OF SCHOOL	NAME & ADDRESS OF SCHOOL INDICATE CITY AND STATE	MAJOR	LEVEL COMPLETED	TYPE OF DEGREE OR CERTIFICATE RECEIVED
HIGH SCHOOL				
JUNIOR COLLEGE				
COLLEGE				
GRADUATE SCHOOL				
BUSINESS/TRADE				
HIGH SCHOOL OTHER				

LICENSES/CERTIFICATES

WHAT PROFESSIONAL LICENSES OR CERTIFICATES DO YOU HOLD? (IF APPLICABLE)	VALID IN WHAT STATE	DATE EXPIRES
_____	_____	_____
_____	_____	_____

SPECIAL SKILLS-Complete if applicable to position sought.

<input type="checkbox"/> Typing	<input type="checkbox"/> Fastnotes _____wpm	<input type="checkbox"/> Shorthand _____wpm	<input type="checkbox"/> Steno _____ wpm
<input type="checkbox"/> 10key sight_____ touch _____	<input type="checkbox"/> Switchboard	<input type="checkbox"/> Dictaphone	
<input type="checkbox"/> PC:_____	<input type="checkbox"/> Software: _____	<input type="checkbox"/> Word Processing: _____	

Indicate any additional business machines _____

List any other skills or special qualifications _____

LANGUAGES

PLEASE INDICATE ANY FOREIGN LANGUAGES THAT YOU :

SPEAK: _____ READ: _____ WRITE: _____

EMPLOYMENT HISTORY

This portion of the application must be completed even if supplemented by a resume. Start with your most recent employment and list all jobs you have held in the past 10 years, including time spent in the military service. Provide a complete explanation of your time whether employed or not. Additional information may be written on a separate sheet and attached. PLEASE COMPLETE CAREFULLY.

IF CURRENTLY EMPLOYED, MAY WE CONTACT YOUR PRESENT EMPLOYER?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
EMPLOYERS NAME	SUPERVISOR: NAME & TITLE	AREA CODE & PHONE ()		
ADDRESS/CITY/STATE/ZIP CODE				
EXACT TITLE OF YOUR POSITION	DATES OF EMPLOYED: FROM-TO (MO/YR)	ENDING SALARY/WAGE PAY SCHEDULE \$ _____ <input type="checkbox"/> HR <input type="checkbox"/> WK <input type="checkbox"/> MO		
DEPT. AND SHIFT WORKED (FULL TIME OR PART TIME)				
REASON FOR LEAVING				
DESCRIPTION OF DUTIES _____ _____ _____				

EMPLOYERS NAME	SUPERVISOR: NAME & TITLE	AREA CODE & PHONE ()		
ADDRESS/CITY/STATE/ZIP CODE				
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DEPT. AND SHIFT WORKED (FULL TIME OR PART TIME)		
REASON FOR LEAVING		
DESCRIPTION OF DUTIES _____ _____ _____		

PROFESSIONAL AFFILIATIONS

PLEASE LIST JOB RELATED ORGANIZATIONS, CLUBS, PROFESSIONAL SOCIETIES OR OTHER ORGANIZATION TO WHICH YOU BELONG _____ _____
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PROFESSIONAL REFERENCES Name at least three people who have knowledge of your professional qualifications. (Do not include relatives)

NAME	OCCUPATION	MAILING ADDRESS	TELEPHONE
			()
			()
			()

PERSONAL REFERENCES Name at least three people who you have know for a minimum of three years. (Do not include relatives)

NAME	OCCUPATION	MAILING ADDRESS	TELEPHONE
			()
			()
			()



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ACKNOWLEDGEMENT

APPLICANT: PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING.

As an equal opportunity employer, our policy as well as Federal and State laws, prohibits discriminations in employment, including but not limited to, discrimination based on race, color, religion, sex, national origin disability, or age.

1. Any acceptance of employment will be predicated upon the truthfulness of the written and verbal statements contained within this application and pre-employment process. I understand that should my employer find that any statement I have made is not truthful, any job offer extended to me will be withdrawn and if employed, I may be subject to dismissal.
2. I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal otherwise, and release all parties from all liability for any damage that may result from furnishing the same to you.
3. In consideration of my employment, I agree to conform to the rules and regulations of my employer, and that my employment is at-will, and may be terminated with or without cause, and with or without notice, at any time at the option of the employer or myself.
4. I declare under penalty or perjury that the facts contained in this application are true and complete to the best of my knowledge and I understand that, if employed, false statements of this application shall be grounds for dismissal.
5. I acknowledge that I have read all of the above statements, that I understand them, and agree all the information requested by released with my approval.

Signature of Applicant: _____

Date: _____

