Employment Application



The Los Angeles LGBT Center is an Equal Opportunity Employer. All applicants will be evaluated on their skills and qualifications regardless of race, color, ancestry, religious creed, national origin, sex, sexual orientation, gender identity, gender expression, medical/physical/mental condition, pregnancy/childbirth and related medical condition, age, marital status, or veteran status. Fill in this application in your own handwriting or type if you prefer. Please answer all questions completely. If not hired, applications for all entry level positions will be retained in an active file for 6 months only unless updated. All others will remain active for 1 year only unless updated.

LOS ANGELES LGBT CENTER

APPLICANT INFORMATION

Legal Name:		Date:		
Address:		Email Address:		
City:			H	ome Phone: ()
State:	Zip Code:		В	usiness Phone: ()
Position Applying For:				Work Hours Preferred:
Program/Department:				Full Time Part Time Temporary Relief/On-Call
Minimum Salary Required:				When Available for Employment:
How were you referred to the Los	vere you referred to the Los Angeles LGBT Center? Are you a		at least 18 years of age?	
☐ Yes ☐ No other name If yes, when: ☐ Yes		ave you worked at the Los Angeles LGBT Center under any her name?] Yes 🔲 No yes, please indicate:		
Have you been cleared by a gove			ployment, can you prove your right to work in the ??	
Agency: Deg	ree of Clearance:	🗌 Yes		No
		Do you ha	have a valid California Driver's License?	
			No	
The Los Angeles LGBT Center provides a complete benefit package to all covered employees. As such, it is the policy of the Los Angeles LGBT Center that our staff may not also be our clients or patients. A "client or patient" is any person who is receiving direct services from any program of the Los Angeles LGBT Center.				
Because of the special nature of the relationship created between a therapist and his/her client, certain standards have been recommended by industry bodies such as the Board of Behavioral Science Examiners. Accordingly, any job applicant who has received mental health services at the Los Angeles LGBT Center within the previous two (2) years is not eligible for any positions in which s/he				

would be within the supervisory chain of any person from who s/he was receiving such services. Similarly, a youth client who has lived in the Kruks/Tilsner Transitional Living Shelter or is part of the after care program is not, within two (2) years of receiving such services, eligible for consideration for employment at the Los Angeles LGBT Center. This period of separation is necessary to ensure that the client has successfully transitioned into independent living.

The requirements of this policy do not apply to anyone participating in programs of the Community Outreach & Education Department.

I certify, that I am not seeking employment which is in conflict with this policy.

Signature of Applicant: ____

EMPLOYMENT HISTORY

List most recent or current job first.

Your Present or Most Recently Held Job			
Employer:	Dates of Employment	From:	
Address:		To:	
City:	Job Title:		
State:	Duties:		
Phone Number:			
Supervisor:			
Reason for Leaving: Terminated Quit Other Why?			
If presently employed, would you object to the Human Resources Department contacting your present employer for a reference?			

YES	NO

Your Next Previous Job		
Employer:	Dates of Employment	From:
Address:		То:
City:	Job Title:	
State:	Duties:	
Phone Number:		
Supervisor:		
Reason for Leaving:		

Your Next Previous Job		
Employer:	Dates of Employment	From:
Address:		То:
City:	Job Title:	
State:	Duties:	
Phone Number:		
Supervisor:		
Reason for Leaving:		

Your Next Previous Job		
Employer:	Dates of Employment	From:
Address:		To:
City:	Job Title:	
State:	Duties:	
Phone Number:		
Supervisor:		
Reason for Leaving: 🔲 Terminated 🗌 Quit 🗌 Other Why?		

EDUCATION

Type of School	School Name	City, State	Circle Last Year Completed	Course of Study	Degree
High School			1234		
Junior College			12		
College			1234		
Graduate			1234		
Business/Vocational			1234		
Correspondence/Night			1234		

PROFESSIONAL LICENSES

Type of License	Issued By	Current Status	Expiration Date

FOREIGN LANGUAGE SKILLS

Please indicate any foreign language skills. (Including American Sign Language)

Language	Speak	Read	Write
	🗌 Fair 🔲 Good 🔲 Fluent	🗌 Fair 🔲 Good 🔲 Fluent	🗌 Fair 🔲 Good 🔲 Fluent
	🗌 Fair 🔲 Good 🔲 Fluent	🗌 Fair 🔲 Good 🗌 Fluent	🗌 Fair 🔲 Good 🔲 Fluent
	🗌 Fair 🔲 Good 🔲 Fluent	🗌 Fair 🔲 Good 🗌 Fluent	🗌 Fair 🔲 Good 🗌 Fluent

SKILLS

Typing	Office Machines:
wpm	
10 Key	Computers/Software:
by touch by site	
spm	

SPECIAL TRAINING

List any additional training, schooling, volunteer work, or special abilities and skills which may be helpful in evaluating your qualifications.

REFERENCES

Please list references who will be able to verify your employment history. DO NOT INCLUDE RELATIVES. Also, please indicate by checking yes or no whether we may identify ourselves as being from the Los Angeles LGBT Center when verifying employment.

Name:		Daytime Phone: ()
Address:		Evening Phone: ()
City:		May We Identify Ourselves as being from the Los Angeles LGBT Center? YES NO
State:	Zip:	

Name:		Daytime Phone: ()
Address:		Evening Phone: ()
City:		May We Identify Ourselves as being from the Los Angeles LGBT Center?
State:	Zip:	

Name:		Daytime Phone: ()
Address:		Evening Phone: ()
City:		May We Identify Ourselves as being from the Los Angeles LGBT Center?
State:	Zip:	

Name:		Daytime Phone: ()
Address:		Evening Phone: ()
City:		May We Identify Ourselves as being from the Los Angeles LGBT Center? YES NO
State:	Zip:	

REASONABLE ACCOMMODATIONS

The Los Angeles LGBT Center, to accommodate the needs of disabled individuals (unless to do so would create an due business hardship), will make accommodations that may include making facilities more accessible, job restructuring, acquisition or modification of equipment, modified work schedules, and other similar actions.

AT-WILL EMPLOYMENT

The relationship between the employee and the employer is for an unspecified term and considered employment at will. No one other than the Executive Director of the employer has the right or authority to enter into any written or verbal agreement for any different terms of employment. Consequently, the employment relationship with any employee can be terminated at will, either by the employee or the employer, with or without cause or advance notice.

EMPLOYMENT SCREENING

The Los Angeles LGBT Center reserves the right to conduct background investigations that includes criminal convictions such as sexual and drug offenses along with motor vehicle statistics and other records as needed. Consideration for employment in certain positions or departments are a condition of these investigations. Results will not automatically bar an applicant from employment.

CERTIFICATION (Please read carefully before signing application.)

I certify that the answers given by me to the foregoing questions and statements are true and correct without intentional omissions of any kind. I agree that the company shall not be liable in any respect if my employment is terminated because of the falsity of statements, answers or omissions made by me in this questionnaire. I authorize the companies, schools or persons named above to give any information regarding my employment, and any other information they may have regarding me. I hereby release said companies, schools or persons from all liability for any damage for issuing this information.

Signature of Applicant: ____

Date: ___



EMPLOYEE/APPLICANT SURVEY EQUAL EMPLOYMENT OPPORTUNITY

Under the terms of our Equal Employment Opportunity Program, we are required to submit periodic reports on job applicants. In order to provide accurate information we ask your cooperation in completing this form. You are under no obligation to do so and your response will not affect your employment opportunity in any way, nor will this survey form be kept in your employment or pre-employment files. Any information you volunteer will be confidential and will be used solely for statistical purposes.

Date:		Position Applied For:	Program/Department:		
Disabled:	bled: DISABLED Any person who has a physical or mental impairment which substantially limits one or more of such person's major life activities, has a record of such impairment, or is regarded as having such an impairment. Specify:				
Veterans:	VETERAN				
	DISABLED VETERAN				
Age:	40 YEARS OR OLDER				
Ethnicity:	(Please check only one in this section)				
	WHITE (not of Hispanic Origin) Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.				
	BLACK / AFRICAN AMERICAN Persons having origins in any of the Black racial groups.				
	LATINO (A) Persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.				
	AMERICAN INDIAN OR ALASKAN NATIVE Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.				
		origins in any of the original peoples of the F or the Pacific Islands. This includes, for exa			
Sex:	🗌 FEMALE 🗌 MAL				

Thank you!