Estrella Del Mar de Los Angeles, Inc. **REGIS HOUSE COMMUNITY CENTER**

2212 W. Beverly Blvd. Los Angeles, CA 90057 Ph. (213) 380-8168

Affirmative Action/Equal Opportunity Employer

Application for Employment

| Personal Information (| (Please Print) |) |
|------------------------|----------------|---|
|------------------------|----------------|---|

| Name | | | | Social Security N | [umber |
|---|------------------------|------------------|--|--|--|
| Last | First | | Midd | | |
| Address | | | City | | State/Zip |
| Phone () | | Cell p | phone () | | email |
| Are you at least 18 y | ears of age | ? Yes | No Are you | currently employed | d? Are you currently in |
| school? Po | osition desi | red | | Date yo | u can begin |
| Can you provide autl | norization f | or employm | ent in this count | ry? Yes 1 | No |
| What other language | do you spe | eak? | | Read/Write? | Yes No |
| Do you have a CA d | river's lice | ense? | Yes No N | umber | Expires |
| Do you have certific | otion in: Fi | erct Aid | Ves No | f ves what is the e | xpiration date? |
| Do you have certific | ation in. Fi | iist Aiu | | ir yes what is the e | |
| 90 you have certifie. | | | | | xpiration date: |
| If no, would you be | C | PR | Yes No l | f yes what is the e | xpiration date: |
| If no, would you be v | Case willing to be | PR | Yes No l | f yes what is the ennse? Yes N | xpiration date: |
| If no, would you be v | Willing to be Name and | PR | Yes No l | f yes what is the ennse? Yes N | xpiration date: |
| If no, would you be v | Willing to be Name and | PRe certified at | Yes No let your own expe | f yes what is the ense? Yes Re | xpiration date: |
| If no, would you be v Emergency Contact _ Education | Willing to be Name and | PRe certified at | Yes No let your own expe | f yes what is the ense? Yes Re | xpiration date: |
| If no, would you be very Emergency Contact Education High School | Willing to be Name and | PRe certified at | Yes No let your own expe | f yes what is the ense? Yes Re | xpiration date: |
| Emergency Contact Education High School College/University Trade or Business | Name and of So | PRe certified at | Yes No let your own expe | f yes what is the ense? Yes Re | xpiration date: |
| Emergency Contact Education High School College/University Trade or Business Special training/or sk | Name and of So | e certified at | Yes No I | f yes what is the ennse? Yes New Reinse? State of Graduation | xpiration date: No lationship Subjects Studied |
| Emergency Contact Education High School College/University Trade or Business Special training/or sk | Name and of So | e certified at | Yes No Interpreted to your own experience Phone Years Attended | f yes what is the ennse? Yes New Reinse? State of Graduation | xpiration date: |

| Date Month/Year | Name/Address of Employer | Position/Duties | Reason for Leaving |
|--------------------|-----------------------------|---|--------------------|
| From | | | |
| То | | | |
| From | | | |
| То | | | |
| From | | | |
| То | | | |
| • | | r crimes involving drugs/or alcolor crime? If yes, please explain | |
| will submit to r | andom drug test?Yes _ | No | |

I hereby certify that the answers given by me to the questions/statements made, including representations in my resume (if given), are true and correct, without mental reservations of any kind whatsoever. I also authorize my former employer to give any information they may have regarding my employment history. If upon investigation, anything contained in this application is found to be untrue, I understand that I will be subject to dismissal at any time during the period of my employment. I understand my first 90 days are on a probationary basis, and that during such a period I may be subject to termination at the sole discretion of the company. Further, in accordance with California Labor Code, I understand that either the employee or the company may terminate the employment relationship at will, with or without demonstrating cause for giving advance notice. I also understand that applicants may be tested for illegal drugs.

| Signature of Applicant | Date |
|------------------------|------|
| | |

Please mail or deliver your completed, signed and dated application to:

Regis House Community Center Attention: Sister Albertina Morales, SSS 2212 W. Beverly Blvd. Los Angeles, CA 90057