Application
For Employment

Long Beach Community Improvement League is an Equal Opportunity Employer.

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
How Did You Learn About Us? ❒ Advertisement ❒ Employment Agency ❒ Friend ❒ Relative ❒ Walk-In ❒ Other_____	
Last Name / First Name / Middle Name	
Address / City / State / Zip Code	
Telephone Number (s)	Social Security Number ___ | ___ | ___

If you are under 18 years of age, can you provide required proof of your eligibility to work? ❒ Yes ❒ No

Have you ever filed an application with us before? ❒ Yes ❒ No
If yes, give date _____

Have you ever been employed with us before? ❒ Yes ❒ No
If yes, give date _____

Are you currently employed? ❒ Yes ❒ No

May we contact your present employer? ❒ Yes ❒ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? ❒ Yes ❒ No
Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____

Are you available to work: ❒ Full Time ❒ Part Time ❒ Shift Work ❒ Temporary

Are you currently on "lay-off" status and subject to recall? ❒ Yes ❒ No

Can you travel if a job requires it? ❒ Yes ❒ No

Have you been convicted of any crime? ❒ Yes ❒ No
Conviction will not necessarily disqualify an applicant from employment.

If yes, please explain_____

_____

- **Please be sure to carefully read and answer all questions. You also need to date and sign your application. Incomplete submissions will not be considered**.
- **Do not submit original credentials when applying for any position. Documents, once received, become the property of LBCIL, and will not be returned or copied.**

Revised 2/23/2011

Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

What language(s) do you speak, read and/or write?			
	FLUENT	**GOOD**	**FAIR**
SPEAK			
READ			
WRITE			

Describe any specialized training, apprenticeship skills and extra curricular activities.

Describe any job-related training received in the United States military.

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations, which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.	**Employer**		**Dates Employed**		**Work Performance**
			From	**To**	
	Address				
	Telephone Number(s)		**Hourly Rate/Salary**		
			Starting	**Final**	
	Job Title	**Supervisor**			
	***Reason for Leaving**				
2.	**Employer**		**Dates Employed**		**Work Performance**
			From	**To**	
	Address				
	Telephone Number(s)		**Hourly Rate/Salary**		
			Starting	**Final**	
	Job Title	**Supervisor**			
	***Reason for Leaving**				
3.	**Employer**		**Dates Employed**		**Work Performance**
			From	**To**	
	Address				
	Telephone Number(s)		**Hourly Rate/Salary**		
			Starting	**Final**	
	Job Title	**Supervisor**			
	***Reason for Leaving**				
4.	**Employer**		**Dates Employed**		**Work Performance**
			From	**To**	
	Address				
	Telephone Number (s)		**Hourly Rate/Salary**		
			Starting	**Final**	
	Job Title	**Supervisor**			
	***Reason for Leaving**				

If additional space is needed, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held:

You may exclude membership that would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:_____

Additional Information

Other Qualifications:
Summarize special job-related skills and qualifications acquired from employment or other experience.

_____

_____

_____

Specialized Skills **Check Skills/Equipment Operated**

		Other(s) (list):
_____Excel	_____ Access	_____
_____ MSWord	_____ Fax	_____
_____ PowerPoint	_____ Typewriter	_____
_____ Email & Internet	_____ Multi-Line Phone System	_____

State any additional information you feel may be helpful to us in considering your application.

_____

_____

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached. _____YES _____NO

Professional References: (Please include former employer/supervisor)

1. _____(___)_____
(Name) Phone #
_____

2. _____(___)_____
(Name) Phone #
_____

3. _____(___)_____
(Name) Phone #
_____

Applicant's Statement

- I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.
- This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.
- In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

AT WILL EMPLOYMENT

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this employment at will relationship cannot be changed by any written document or by conduct unless the executive director of this organization specifically acknowledges such change in writing.

_____ _____

Signature of Applicant Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview ❒ Yes ❒ No

Remarks_____

_____

Interviewer Date

Employed ❒ Yes ❒ No Date of Employment_____

Job Title_____ Hourly Rate/ Salary_____ Department_____

By:_____

Name and Title Date

NOTES_____

_____

_____