



Hub Cities Consortium
 2677 Zoe Avenue, Second Floor
 Huntington Park, CA 90255
 Phone: (323) 586-4700 • Fax: (323) 586-4702

EMPLOYMENT APPLICATION

Position Applied For:

AN EQUAL OPPORTUNITY EMPLOYER

INSTRUCTIONS: PLEASE READ CAREFULLY - Type or print clearly in ink, answer questions completely. Incomplete, inaccurate, or illegible applications may be rejected.

Name				Social Security No.	
Address	City	State	Zip	TELEPHONE Residence: Business:	

In case of accident, please notify:
 Name _____ Address _____ Telephone: _____

Have you been convicted of a felony or misdemeanor? Yes No Are you now out on bail on your own recognizance pending trial? Yes No

Do you have any physical handicaps which prevents you from performing specific kinds of work relating to the position opening? Yes No
 If yes, please describe and explain the work limitations.

HIGH SCHOOL EDUCATION: Highest Grade Completed Name & Location of High School Last Attended Did you graduate? Yes No
 7 8 9 10 11 12 _____ G. E. D? Yes No

Names & Location(s) of Accredited Community College or University	Major/Concentration	Years Completed	Total Credits <input type="checkbox"/> Quarter <input type="checkbox"/> Semester	Degrees

ADDITIONAL GRADUATE STUDY, TRADE OR PROFESSIONAL SCHOOLS (COMPLETE NAME AND ADDRESS)

PROFESSIONAL LICENCE, CERTIFICATE OR OTHER CREDENTIAL PERTINENT TO THE POSITION
 Description _____ Number _____ By Whom Issued _____ Expiration Date _____

What languages, other than English, can you speak or write?

Which computer language(s)/software(s) are you familiar with?

Do you possess a valid California driver's license? Yes No

Can you, after employment, submit verification of your legal right to work in the United States? Yes No

PERSONAL REFERENCES - Please give two references who are not relatives nor former employers

NAME	Phone Number	Occupation
Address		

NAME	Phone Number	Occupation
Address		

Work Experience

Begin with present or most recent experience and account for all time during the past 10 years. Leave no time unaccounted for. Use additional sheets if necessary.

May we contact your present employer? Please do Please don't Do not mind

Employer's Name	Telephone	Job Title
Address	Salary	Description of Duties
City State Zip	Hours per Week	
From To	Immediate Supervisor	
Reason for Leaving		
Employer's Name	Telephone	Job Title
Address	Salary	Description of Duties
City State Zip	Hours per Week	
From To	Immediate Supervisor	
Reason for Leaving		
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City State Zip	Hours per Week	
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Reason for Leaving		

This is to inform you that as part of our procedure for processing your application, an investigative background report may be made through a personal interview with you and/or any third parties who may have information concerning you and/or a record search. All offers of employers are made subject to the successful passing of a physical examination.

I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I agree that the City shall not be liable in any respect if my employment is terminated because of the fatality 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, or my physical condition, together with any information they may have regarding me whether or not it is in their records. I hereby release said companies, schools or persons from all liability for issuing this information.
Signature _____ **Date** _____