



27040 Malibu Hills Road, Calabasas, CA 91301 • Phone: (818) 880-2993 • Fax: (818) 880-2953 • www.ahccc.org

Employment Application

Instructions: Answer all questions completely and accurately. Do not write "See Resume." Type or print legibly in blue or black ink. All statements are subject to verification. An incorrect or incomplete application may bar you from employment.

Contact Information			
Position/Dept. applying for: <input type="checkbox"/> Child Watch <input type="checkbox"/> Front Desk/Admin <input type="checkbox"/> Fitness Center <input type="checkbox"/> Rock Wall <input type="checkbox"/> Teen Program <input type="checkbox"/> Other			
First Name:		Middle Name:	Last Name:
Street:		City:	Zip:
Home Phone: ()		Work Phone: ()	Other Phone (please specify): ()

Background Information	
Do you have a valid Class C California Driver's License? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Have you ever been employed by the Community Center? <input type="checkbox"/> No <input type="checkbox"/> Yes	Position: _____ mm/yy: _____
Do you have any relatives that are, or have been, employed by the Community Center? <input type="checkbox"/> No <input type="checkbox"/> Yes Name(s): _____	
If hired, can you show verification of your right to work in the United States? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Have you ever been convicted of a violation of the law, excluding minor traffic violations? Convictions do not automatically disqualify you. <input type="checkbox"/> No <input type="checkbox"/> Yes Briefly describe: _____	

Education & Training Information			
Highest level completed: <input type="checkbox"/> High School/GED <input type="checkbox"/> Some College <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree			
If you do not have a high school diploma or GED certificate, check the highest grade you have completed: <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11			
Name and Location of High School, College, University, Business, Technical, or other schools	Major course of study	Type of Degree	Date of Degree (mm/yy)
Licenses, registration or certificates of professional or vocational competence: _____			
Check the software you are adept or skilled in using: <input type="checkbox"/> Excel <input type="checkbox"/> Word <input type="checkbox"/> Outlook <input type="checkbox"/> PowerPoint <input type="checkbox"/> Windows <input type="checkbox"/> Other: _____			
Describe any other job related skills: _____			
Where did you hear of this opportunity? _____			

Instructions: List all of the jobs AND volunteer work experience you have had in the last ten years; list your most recent job first. Failure to list the related experience required or failure to provide any of the information requested will result in your application being considered incomplete and therefore subject to rejection. Do not write "See Resume." If more space is required, you may attach additional sheets but a resume will not substitute for the information required in this section.

Volunteer and Work Experience			
Dates of employment (mm/yy) From:		To:	Your Title:
Employer:		Address:	
Last Salary: \$	Hours/wk:	Reason for leaving:	
Supervisor's Name:		Title:	Phone:
Duties:			
Dates of employment (mm/yy) From:		To:	Your Title:
Employer:		Address:	
Last Salary: \$	Hours/wk:	Reason for leaving:	
Supervisor's Name:		Title:	Phone:
Duties:			
Dates of employment (mm/yy) From:		To:	Your Title:
Employer:		Address:	
Last Salary: \$	Hours/wk:	Reason for leaving:	
Supervisor's Name:		Title:	Phone:
Duties:			
Dates of employment (mm/yy) From:		To:	Your Title:
Employer:		Address:	
Last Salary: \$	Hours/wk:	Reason for leaving:	
Supervisor's Name:		Title:	Phone:
Duties:			
May we contact your previous employers? <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:			

I certify that the statements contained in this application are true and complete and understand that falsified statements on this application will subject me to disqualification or dismissal. I understand that reference checks may be made regarding my past employment and I authorize investigation of all statements contained herein.

Signature:	Date:
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