



catholic charities

Application for Employment

CATHOLIC CHARITIES OF LOS ANGELES, INC.
Department of Human Resources
1531 James M. Wood Blvd., P.O. Box 15095
Los Angeles, CA 90015
Telephone: (213) 251-3440 Fax: 213-251-3402
www.CatholicCharitiesLA.org

Affirmative Action/Equal Opportunity Employer

Instructions: Complete all necessary information.
You may provide additional information on another form.
This application will be kept on file. It is to your advantage
Be sure to sign and date the application. Please print.

Name _____

Social Security # _____ Phone() _____

Address _____

City/State/Zip _____

Position applying for _____ Shift preferred 1 _ 2 _ 3 _ Any _

Special Training or Skills (languages, machine operation, etc.) that would be of benefit in the job for which you are applying: _____

Would you accept full-time work? Yes _ No _ Would you accept part-time work? Yes _ No _

Have you ever been employed by Catholic Charities? No _ Yes _ Dates _____

Do you have a legal right to be employed in the U.S.? Yes _ No _ If yes, proof is required

Are you of legal age to work? Yes _ No _

Educational Background

High School:

Name and Location _____

Course of study _____ Did you graduate? Yes _ No _ Degree or Diploma _____ Date _____

College:

Name and Location _____

Course of study _____ Did you graduate? Yes _ No _ Degree or Diploma _____ Date _____

Graduate School:

Name and Location _____

Course of study _____ Did you graduate? Yes _ No _ Degree or Diploma _____ Date _____

Vocational Training-other:

Name and Location _____

Course of study _____ Did you graduate? Yes _ No _ Degree or Diploma _____ Date _____

Continuing Education: _____

Previous Employers and Addresses

Place an X by the employer(s) you do not want us to contact. List the most recent employer first.

1. Company Name _____ Phone () _____
_ Contact Name _____
Address _____ Employed From _____ To _____
Position _____ Reason for Leaving _____ Last Wage _____

2. Company Name _____ Phone() _____
_ Contact Name _____
Address _____ Employed From _____ To _____
Position _____ Reason for Leaving _____ Last Wage _____

3. Company Name _____ Phone() _____
_ Contact Name _____
Address _____ Employed From _____ To _____
Position _____ Reason for Leaving _____ Last Wage _____

4. Company Name _____ Phone() _____
_ Contact Name _____
Address _____ Employed From _____ To _____
Position _____ Reason for Leaving _____ Last Wage _____

I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND IF I AM EMPLOYED, MY EMPLOYEMENT MAY BE TERMINATED AT ANY TIME.

I UNDERSTAND MY FIRST 180 DAYS ARE ON A PROBATIONARY BASIS, AND THAT DURING SUCH PERIOD I MAY BE SUBJECT TO TEMINATION 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 OR GIVING ADVANCE NOTICE.

Applicant s Signature _____ Date _____