



**LOS
ANGELES
LGBT
CENTER**

Employment Application

The Los Angeles LGBT Center is an Equal Opportunity Employer. All applicants will be evaluated on their skills and qualifications regardless of race, color, ancestry, religious creed, national origin, sex, sexual orientation, gender identity, gender expression, medical/physical/mental condition, pregnancy/childbirth and related medical condition, age, marital status, or veteran status. Fill in this application in your own handwriting or type if you prefer. Please answer all questions completely. If not hired, applications for all entry level positions will be retained in an active file for 6 months only unless updated. All others will remain active for 1 year only unless updated.

APPLICANT INFORMATION

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Legal Name: | Date: |
| Address: | Email Address: |
| City: | Home Phone: () |
| State: Zip Code: | Business Phone: () |
| Position Applying For: | Work Hours Preferred: |
| Program/Department: | <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Relief/On-Call |
| Minimum Salary Required: | When Available for Employment: |
| How were you referred to the Los Angeles LGBT Center? | Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you ever worked at the Los Angeles LGBT Center before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when: | Have you worked at the Los Angeles LGBT Center under any other name? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate: |
| Have you been cleared by a government agency (bonded)? <input type="checkbox"/> Yes <input type="checkbox"/> No Agency: Degree of Clearance: | If offered employment, can you prove your right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have a valid California Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p>The Los Angeles LGBT Center provides a complete benefit package to all covered employees. As such, it is the policy of the Los Angeles LGBT Center that our staff may not also be our clients or patients. A "client or patient" is any person who is receiving direct services from any program of the Los Angeles LGBT Center.</p> <p>Because of the special nature of the relationship created between a therapist and his/her client, certain standards have been recommended by industry bodies such as the Board of Behavioral Science Examiners. Accordingly, any job applicant who has received mental health services at the Los Angeles LGBT Center within the previous two (2) years is not eligible for any positions in which s/he would be within the supervisory chain of any person from who s/he was receiving such services. Similarly, a youth client who has lived in the Kruks/Tilsner Transitional Living Shelter or is part of the after care program is not, within two (2) years of receiving such services, eligible for consideration for employment at the Los Angeles LGBT Center. This period of separation is necessary to ensure that the client has successfully transitioned into independent living.</p> <p>The requirements of this policy do not apply to anyone participating in programs of the Community Outreach & Education Department.</p> <p>I certify, that I am not seeking employment which is in conflict with this policy and acknowledge that the Center has implemented a policy requiring all staff to be fully vaccinated against COVID-19 as a condition of employment, subject to applicable federal, state and local laws. For more information, please contact tyamato@lalgbtcenter.org.</p> | |
| Signature of Applicant: _____ Date: _____ | |

EMPLOYMENT HISTORY

List most recent or current job first.

| | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-------|
| Your Present or Most Recently Held Job | | |
| Employer: | Dates of Employment | From: |
| Address: | | To: |
| City: | Job Title: | |
| State: | Duties: | |
| Phone Number: | | |
| Supervisor: | | |
| Reason for Leaving: <input type="checkbox"/> Terminated <input type="checkbox"/> Quit <input type="checkbox"/> Other Why? | | |
| If presently employed, would you object to the Human Resources Department contacting your present employer for a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO | | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------|---------------------|-------|
| Your Next Previous Job | | |
| Employer: | Dates of Employment | From: |
| Address: | | To: |
| City: | Job Title: | |
| State: | Duties: | |
| Phone Number: | | |
| Supervisor: | | |
| Reason for Leaving: <input type="checkbox"/> Terminated <input type="checkbox"/> Quit <input type="checkbox"/> Other Why? | | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------|---------------------|-------|
| Your Next Previous Job | | |
| Employer: | Dates of Employment | From: |
| Address: | | To: |
| City: | Job Title: | |
| State: | Duties: | |
| Phone Number: | | |
| Supervisor: | | |
| Reason for Leaving: <input type="checkbox"/> Terminated <input type="checkbox"/> Quit <input type="checkbox"/> Other Why? | | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------|---------------------|-------|
| Your Next Previous Job | | |
| Employer: | Dates of Employment | From: |
| Address: | | To: |
| City: | Job Title: | |
| State: | Duties: | |
| Phone Number: | | |
| Supervisor: | | |
| Reason for Leaving: <input type="checkbox"/> Terminated <input type="checkbox"/> Quit <input type="checkbox"/> Other Why? | | |

EDUCATION

| Type of School | School Name | City, State | Circle Last Year Completed | Course of Study | Degree |
|----------------------|-------------|-------------|----------------------------|-----------------|--------|
| High School | | | 1 2 3 4 | | |
| Junior College | | | 1 2 | | |
| College | | | 1 2 3 4 | | |
| Graduate | | | 1 2 3 4 | | |
| Business/Vocational | | | 1 2 3 4 | | |
| Correspondence/Night | | | 1 2 3 4 | | |

PROFESSIONAL LICENSES

| Type of License | Issued By | Current Status | Expiration Date |
|-----------------|-----------|----------------|-----------------|
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| | | | |
| | | | |

FOREIGN LANGUAGE SKILLS

Please indicate any foreign language skills. (Including American Sign Language)

| Language | Speak | Read | Write |
|----------|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| | <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Fluent | <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Fluent | <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Fluent |
| | <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Fluent | <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Fluent | <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Fluent |
| | <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Fluent | <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Fluent | <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Fluent |

SKILLS

| | |
|---------------------------------------------------------------------------------------------------|---------------------|
| Typing _____ wpm | Office Machines: |
| 10 Key <input type="checkbox"/> by touch <input type="checkbox"/> by site _____ spm | Computers/Software: |

SPECIAL TRAINING

List any additional training, schooling, volunteer work, or special abilities and skills which may be helpful in evaluating your qualifications.

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REFERENCES

Please list references who will be able to verify your employment history. DO NOT INCLUDE RELATIVES. Also, please indicate by checking yes or no whether we may identify ourselves as being from the Los Angeles LGBT Center when verifying employment.

| | |
|-------------|-------------------------------------------------------------------------------------------------------------------------------|
| Name: | Daytime Phone: () |
| Address: | Evening Phone: () |
| City: | May We Identify Ourselves as being from the Los Angeles LGBT Center? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| State: Zip: | |

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|-------------|-------------------------------------------------------------------------------------------------------------------------------|
| Name: | Daytime Phone: () |
| Address: | Evening Phone: () |
| City: | May We Identify Ourselves as being from the Los Angeles LGBT Center? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| State: Zip: | |

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|-------------|-------------------------------------------------------------------------------------------------------------------------------|
| Name: | Daytime Phone: () |
| Address: | Evening Phone: () |
| City: | May We Identify Ourselves as being from the Los Angeles LGBT Center? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| State: Zip: | |

| | |
|-------------|-------------------------------------------------------------------------------------------------------------------------------|
| Name: | Daytime Phone: () |
| Address: | Evening Phone: () |
| City: | May We Identify Ourselves as being from the Los Angeles LGBT Center? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| State: Zip: | |

REASONABLE ACCOMMODATIONS

The Los Angeles LGBT Center, to accommodate the needs of disabled individuals (unless to do so would create an undue business hardship), will make accommodations that may include making facilities more accessible, job restructuring, acquisition or modification of equipment, modified work schedules, and other similar actions.

AT-WILL EMPLOYMENT

The relationship between the employee and the employer is for an unspecified term and considered employment at will. No one other than the Executive Director of the employer has the right or authority to enter into any written or verbal agreement for any different terms of employment. Consequently, the employment relationship with any employee can be terminated at will, either by the employee or the employer, with or without cause or advance notice.

EMPLOYMENT SCREENING

The Los Angeles LGBT Center reserves the right to conduct background investigations that includes criminal convictions such as sexual and drug offenses along with motor vehicle statistics and other records as needed. Consideration for employment in certain positions or departments are a condition of these investigations. Results will not automatically bar an applicant from employment.

CERTIFICATION (Please read carefully before signing application.)

I certify that the answers given by me to the foregoing questions and statements are true and correct without intentional omissions of any kind. I agree that the company shall not be liable in any respect if my employment is terminated because of the falsity 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, and any other information they may have regarding me. I hereby release said companies, schools or persons from all liability for any damage for issuing this information.

Signature of Applicant: _____ Date: _____



**LOS ANGELES
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EMPLOYEE/APPLICANT SURVEY EQUAL EMPLOYMENT OPPORTUNITY

Under the terms of our Equal Employment Opportunity Program, we are required to submit periodic reports on job applicants. In order to provide accurate information we ask your cooperation in completing this form. You are under no obligation to do so and your response will not affect your employment opportunity in any way, nor will this survey form be kept in your employment or pre-employment files. Any information you volunteer will be confidential and will be used solely for statistical purposes.

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------|
| Date: | Position Applied For: | Program/Department: |
| <p>Disabled: <input type="checkbox"/> DISABLED</p> <p style="padding-left: 100px;">Any person who has a physical or mental impairment which substantially limits one or more of such person's major life activities, has a record of such impairment, or is regarded as having such an impairment.</p> <p style="padding-left: 100px;">Specify:</p> | | |
| <p>Veterans:</p> <p style="padding-left: 40px;"><input type="checkbox"/> VETERAN</p> <p style="padding-left: 40px;"><input type="checkbox"/> DISABLED VETERAN</p> <p style="padding-left: 40px;"><input type="checkbox"/> VIETNAM-ERA VETERAN</p> | | |
| <p>Age: <input type="checkbox"/> 40 YEARS OR OLDER</p> | | |
| <p>Ethnicity: (Please check only one in this section)</p> <p style="padding-left: 40px;"><input type="checkbox"/> WHITE -- (not of Hispanic Origin) Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.</p> <p style="padding-left: 40px;"><input type="checkbox"/> BLACK / AFRICAN AMERICAN Persons having origins in any of the Black racial groups.</p> <p style="padding-left: 40px;"><input type="checkbox"/> LATINO (A) Persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.</p> <p style="padding-left: 40px;"><input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.</p> <p style="padding-left: 40px;"><input type="checkbox"/> ASIAN OR PACIFIC ISLANDER Persons having origins in any of the original peoples of the Far East, South East Asia, the Indian Subcontinents, or the Pacific Islands. This includes, for example, China, Japan, Korea, the Philippine Islands, Samoa, and India.</p> | | |
| <p>Sex: <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE</p> | | |

Thank you!