



**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

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 &amp; 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 mandatory COVID-19 vaccination policy as a condition of employment for all employees who work on the Center's premises, subject to applicable federal, state, and local laws. For more information, please contact <a href="mailto:tyamato@lalgbtcenter.org">tyamato@lalgbtcenter.org</a>.</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

**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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## 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:
Disabled: <input type="checkbox"/> DISABLED 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.  Specify:		
Veterans: <input type="checkbox"/> VETERAN <input type="checkbox"/> DISABLED VETERAN <input type="checkbox"/> VIETNAM-ERA VETERAN		
Age: <input type="checkbox"/> 40 YEARS OR OLDER		
Ethnicity: (Please check only one in this section) <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. <input type="checkbox"/> BLACK / AFRICAN AMERICAN Persons having origins in any of the Black racial groups. <input type="checkbox"/> LATINO (A) Persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race. <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. <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.		
Sex: <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE		

*Thank you!*