

Artesia Christian Home  
11614 E. 183<sup>rd</sup> St.  
Artesia, CA 90701

# APPLICATION FOR EMPLOYMENT

Phone: 562-865-5218  
Fax: 562-865-4153  
Rev. 03.2022

PLEASE READ CAREFULLY – WRITE CLEARLY – ANSWER ALL QUESTIONS

DATE \_\_\_\_\_

NAME \_\_\_\_\_  
LAST FIRST MIDDLE

ADDRESS \_\_\_\_\_  
NUMBER STREET CITY STATE ZIP CODE  
Home Phone No. (\_\_\_\_) \_\_\_\_\_  
Cell Phone No. (\_\_\_\_) \_\_\_\_\_  
E-mail address: \_\_\_\_\_

Are you over 18 years of age? ☐ Yes ☐ No Position Desired \_\_\_\_\_

Work Hours Available \_\_\_\_\_ ☐ Full-Time ☐ Part-Time Salary Expected \$ \_\_\_\_\_ Per \_\_\_\_\_

Are you available to work on weekends? ☐ Yes ☐ No Would you be available to work overtime, if necessary? ☐ Yes ☐ No

## WORK EXPERIENCE

LIST YOUR LAST EMPLOYER FIRST - ACCOUNT FOR ALL OCCUPIED TIME THE PAST **TEN** YEARS

DATE		EMPLOYER & ADDRESS	POSITION TITLE	REASON FOR LEAVING
FROM	TO			
Mo.	Mo.	Employer _____		
Yr.	Yr.	Address _____		
		Phone _____ May we contact this employer for a reference? Yes No		
Mo.	Mo.	Employer _____		
Yr.	Yr.	Address _____		
		Phone _____ May we contact this employer for a reference? Yes No		
Mo.	Mo.	Employer _____		
Yr.	Yr.	Address _____		
		Phone _____ May we contact this employer for a reference? Yes No		
Mo.	Mo.	Employer _____		
Yr.	Yr.	Address _____		
		Phone _____ May we contact this employer for a reference? Yes No		

## U.S. MILITARY SERVICE

Branch of Service \_\_\_\_\_ Rank at discharge \_\_\_\_\_

Are you a member of Reserves or National Guard? \_\_\_\_\_ Are you subject to annual active duty training? \_\_\_\_\_

## EDUCATION

Have you graduated High School? ☐ Yes ☐ No ☐ Obtained GED

NAMES AND COMPLETE ADDRESSES OF ADDITIONAL SCHOOLING	MAJOR SUBJECTS	DEGREES	LAST GRADE/YEAR COMPLETED
Jr. College, College or University			
Technical, Business or Vocational School			

## EDUCATION

### Other Training:

Are you licensed/certified for the job applied for? ☐ Yes ☐ No

Name of License/Certification: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Do you have any other experience, training, qualifications, or skills that you feel make you especially suited for work? If so, explain:

\_\_\_\_\_  
\_\_\_\_\_

## PERSONAL

### ANSWER ALL QUESTIONS:

If hired, can you present proof of your legal right to live and work in the United States? ☐ Yes ☐ No

Driver's License # (if position applied for requires driving) \_\_\_\_\_ For what state? \_\_\_\_\_

If hired, would you have a reliable means of transportation to and from work? ☐ Yes ☐ No

If employed here, do you also expect to work elsewhere? ☐ Yes ☐ No

List names of any relatives employed by this organization \_\_\_\_\_

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? ☐ Yes ☐ No

If no, describe the functions that cannot be performed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How did you learn about this job? \_\_\_\_\_

List below two (2) persons, not related to you, who have knowledge of your work performance within the last five years:

Name	Address	Phone	Occupation & # of years acquainted

## AGREEMENT

I authorize investigation of all statements contained in this application form if I am considered for employment. I also authorize previous employers, personal references named, or any other persons to whom the company may refer, to give any and all information regarding my employment or scholastic standing together with any other information, personal or otherwise, that may or may not be on their records.

I understand that misrepresentation or omission of the facts called for herein, receipt of unsatisfactory references, or failure to pass a prescribed physical examination will be sufficient cause for dismissal from the company's service if I shall have been employed.

I also understand that if hired, I will be an at-will employee, which means that (a) I may terminate my employment at any time, (b) the company may transfer, reassign, suspend, or demote me at any time, and (c) my employment may be terminated at any time, with or without notice and with or without cause. I further understand that this policy cannot be changed except in writing and then only when signed by an authorized representative of the employer.

**Applicant's Signature** \_\_\_\_\_

**Applicants will be considered active for 90 days following receipt of application. If you wish to be considered further, you will need to submit a new application.**

## EMPLOYEE REFERENCE

(This form is for office use only. Please only sign below, allowing us to contact your references.)

TO: \_\_\_\_\_  
\_\_\_\_\_

The person named below has applied for a position in our company and has given your name as a reference. Your reply will be held in strict confidence. Please mail this back to Artesia Christian Home, 11614 E 183<sup>rd</sup> St, Artesia, CA 90701 or fax to us at 562-865-4153.

NAME: \_\_\_\_\_ Position Applied For: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_ Length of Acquaintance \_\_\_\_\_

	EXCELLENT	GOOD	AVERAGE	POOR
PERSONALITY	_____	_____	_____	_____
PERSONAL APPEARANCE	_____	_____	_____	_____
ATTENDANCE	_____	_____	_____	_____
RELIABILITY	_____	_____	_____	_____
ATTITUDE	_____	_____	_____	_____
ABILITY TO COOPERATE	_____	_____	_____	_____
EMPLOYEE RELATIONSHIP	_____	_____	_____	_____
COMMUNICATION SKILLS	_____	_____	_____	_____
KNOWLEDGE OF WORK	_____	_____	_____	_____
QUALITY OF WORK	_____	_____	_____	_____
QUANTITY OF WORK	_____	_____	_____	_____
LEADERSHIP	_____	_____	_____	_____

***If former employer, please respond to the following questions:***

***Employed from:*** \_\_\_\_\_ ***to:*** \_\_\_\_\_

***Reason for leaving:***    ***Resignation*** \_\_\_\_\_    ***Discharge*** \_\_\_\_\_

***Would you re-employ this person:***    ***yes*** \_\_\_\_\_    ***no*** \_\_\_\_\_

***If not, why?*** \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

TITLE: \_\_\_\_\_

**I AUTHORIZE THE RELEASE OF ANY INFORMATION NECESSARY TO COMPLETE THIS FORM.**

\_\_\_\_\_  
**Applicant**