



LOS ANGELES HOMELESS SERVICES AUTHORITY

APPLICATION FOR EMPLOYMENT

LAHSA Job Title: _____

Application Instructions: Please type or print your application in blue or black ink only. Answer all questions accurately and completely. All statements on your application are subject to verification. Incorrect or incomplete information may bar or remove you from employment.

Last Name	First Name	M.I.	
Mailing Address	City	State Zip	
Home phone	Business phone	Message phone	
Social Security Number: _____			
Driver's License Number: _____ State: _____ Expiration Date: _____			
Have you previously worked for LAHSA ? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, please provide dates of employment: From: _____ To: _____			
If hired, are you able to provide proof of your legal right to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Education and Training:			
Name/Address of Institutions	Dates Attended From: To:	Major Subject or Course	Degree/Certificate Received
High School			
College			
Trade School			
Please list any job-related licenses or certifications: _____			
Please list any additional education or training related to the position you are applying for:			

Have you ever been convicted of a misdemeanor or felony by a criminal or military court? Yes No

If yes, please specify the date, location, offense, and your explanation on an attached sheet of paper.

A conviction is not necessarily a bar to employment.

Are you available to work full-time (30-40 hours per week)? Yes No

Are you available to work part-time (less than 30 hours per week)? Yes No

What date are you available to begin work? _____

WORK EXPERIENCE: Beginning with your most recent experience, please list all employers and any periods of unemployment in the last ten years. Include self-employment, military service, and volunteer work related to the job for which you are applying. Describe the work as accurately as possible. All requested information **MUST** be completed. Attach additional sheets if necessary.

Present or Last Employer:		Payroll Title:
Address:		Duties:
City/State:	Zip Code:	
Telephone Number:		
Supervisor's Name:		
Dates of Employment:		Reason for Leaving:
From:	To:	
Salary:		May we contact this employer: Yes <input type="checkbox"/> No <input type="checkbox"/>
Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/>		
Present or Last Employer:		Payroll Title:
Address:		Duties:
City/State:	Zip Code:	
Telephone Number:		
Supervisor's Name:		
Dates of Employment:		Reason for Leaving:
From:	To:	
Salary:		May we contact this employer: Yes <input type="checkbox"/> No <input type="checkbox"/>
Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/>		
Present or Last Employer:		Payroll Title:
Address:		Duties:
City/State:	Zip Code:	
Telephone Number:		
Supervisor's Name:		
Dates of Employment:		Reason for Leaving:
From:	To:	
Salary:		May we contact this employer: Yes <input type="checkbox"/> No <input type="checkbox"/>
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