

Application for Employment

South Bay Workforce Investment Board, Inc.

AN EQUAL OPPORTUNITY EMPLOYER

11539 HAWTHORNE BLVD., SUITE 500, HAWTHORNE, CALIFORNIA 90250

☎ (310) 970-7700 📠 (310) 220-0431 (use this fax for employment application purposes only)

THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE.

FOR SBWIB STAFF USE ONLY:

- ☐ ACCEPTED DATE NOTICE MAILED: _____
- ☐ REJECTED DATE NOTICE MAILED: _____
- ☐ PHYSICAL EXAMINATION REQUIRED FOR POSITION
- ☐ BACKGROUND CHECK COMPLETED
- ☐ OTHER: _____

INSTRUCTIONS:

1. PLEASE TYPE OR PRINT CLEARLY IN INK.
2. Answer all questions completely and accurately
3. Incomplete or illegible applications will not be considered
4. Incorrect or false statements are cause for rejection or dismissal
5. Be specific when listing information, which meets the job requirements.

From what source did you learn of this position?

- ☐ Personal Inquiry
- ☐ Newspaper (Name): _____
- ☐ Job Bulletin at: _____
- ☐ SBWIB Website www.sbwib.org
- ☐ Other (Describe): _____

APPLICATION FOR: (Please give exact position title):

TYPE OF EMPLOYMENT DESIRED:

FULL TIME ☐ PART TIME ☐ VOLUNTEER ☐

TELEPHONE NUMBERS:

Home:

Alternate/Cellular:

EMAIL ADDRESS:

APPLICANT'S FULL NAME:

FIRST

LAST

MI

PRESENT ADDRESS:

STREET

CITY

STATE

ZIP CODE

HAVE YOU EVER LIVED IN A STATE OTHER THAN CALIFORNIA? YES ☐ NO ☐

ARE YOU A CITIZEN OF THE UNITED STATES OF AMERICA?

YES ☐ NO ☐

PLEASE PROVIDE SOCIAL SECURITY NUMBER:

IF SELECTED FOR HIRE, CAN YOU SUBMIT PROOF OF U.S. CITIZENSHIP OR PROOF OF RESIDENT ALIEN STATUS? YES ☐ NO ☐

IF THIS JOB REQUIRES A DRIVER'S LICENSE, DO YOU HAVE A VALID **CALIFORNIA** DRIVER'S LICENSE?

YES ☐ NO ☐

NUMBER _____ CLASS _____

HAVE YOU EVER WORKED FOR SBWIB, INC.? YES ☐ NO ☐ If YES, provide dates of employment, location and/or department, and reason for separation from employment?

SBWIB wants to ensure that corporate practices do not create situations such as conflict of interest or favoritism. This extends to practices that involve employee hiring, promotion and transfer. Close relatives, step relatives, n-laws, partners, those in a dating relationship or members of the same household are not permitted to be in positions that have a reporting responsibility to each other. The company, furthermore, reserves the right to apply this policy to situations where or in which there may be conflict or potential conflict because of the relationship of employees, even if there is no direct-reporting relationship or authority involved.

DO YOU HAVE ANY SPECIAL EXPERIENCES, SKILLS OR QUALIFICATIONS THAT YOU BELIEVE WOULD ESPECIALLY CONTRIBUTE TO THE POSITION APPLIED FOR?
YES ☐ NO ☐ If YES, PLEASE LIST:

PLEASE LIST ANY MACHINES OR EQUIPMENT YOU CAN OPERATE RELATED TO THIS POSITION:

ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING WITH OR WITHOUT REASONABLE ACCOMMODATION?

☐ YES, ☐ NO IF NO, DESCRIBE THE FUNCTIONS THAT CANNOT BE PERFORMED: _____

(Note: We comply with the Americans with Disability Act and consider reasonable accommodation measures that may be necessary for eligible applications to perform essential functions)

Note: The employer reserves the right to verify all information indicated on this application. Thus, employees indicating completion of a degree(s) are required to provide proof or legible copies.

EDUCATION

Highest level of education completed:

High School ☐ _____
Post-Secondary ☐ _____
Post-Graduate ☐ _____

High School Graduate or passed High School Equivalency Test (G.E.D.)?

☐ YES ☐ NO

Name and Location (City, State) of College or University, Business Correspondence, Trade or Service Schools	Field of Study (Major)	Completed		DEGREE (Indicate type)
		Semester Units	Quarter Units	

List any of other honors, licenses, credentials, or certificates that are relevant to the position you are applying for:

EMPLOYMENT HISTORY

WORK HISTORY: Read the experience requirements of the job announcement or bulletin before completing this section. BEGINNING WITH YOUR MOST RECENT JOB, list ALL jobs for at least the past ten years. List separately each position held, even with the same employer. Include ALL experience that may help to qualify you for the position you are applying for. List and explain any periods of unemployment where indicated. If you need more space, attach additional sheets. Unless otherwise advised, a résumé will NOT be accepted in lieu of this completed section.

BE SURE TO SIGN AND DATE YOUR APPLICATION.

Failure to complete this section in its entirety may result in rejection of your application.

Employed FROM:	TO:	Title of Your Position:	Number of hours worked per week:	Number of employees you supervised:
TOTAL: YRS	MOS			
Employer:		Duties of Your Position:		
Address:				
Telephone Number:				
Supervisor's Name:		Reason for leaving or wanting to leave if presently employed:		
*** Currently Employed? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, may we contact your present employer? YES <input type="checkbox"/> NO <input type="checkbox"/> ***				
Employed FROM:	TO:	Title of Your Position:	Number of hours worked per week:	Number of employees you supervised:
TOTAL: YRS	MOS			
Employer:		Duties of Your Position:		
Address:				
Telephone Number:				
Supervisor's Name:		Reason for leaving:		
Employed FROM:	TO:	Title of Your Position:	Number of hours worked per week:	Number of employees you supervised:
TOTAL: YRS	MOS			
Employer:		Duties of Your Position:		
Address:				
Telephone Number:				
Supervisor's Name:		Reason for leaving:		
Employed FROM:	TO:	Title of Your Position:	Number of hours worked per week:	Number of employees you supervised:
TOTAL: YRS	MOS			
Employer:		Duties of Your Position:		
Address:				
Telephone Number:				
Supervisor's Name:		Reason for leaving:		
Employed FROM:	TO:	Title of Your Position:	Number of hours worked per week:	Number of employees you supervised:
TOTAL: YRS	MOS			
Employer:		Duties of Your Position:		
Address:				
Telephone Number:				
Supervisor's Name:		Reason for leaving:		

EMPLOYMENT HISTORY CONTINUED...

Employed FROM:	TO:	Title of Your Position:	Number of hours worked per week:	Number of employees you supervised:
TOTAL:	YRS	MOS		
Employer:		Duties of Your Position:		
Address:				
Telephone Number:				
Supervisor's Name:		Reason for leaving:		
Employed FROM:	TO:	Title of Your Position:	Number of hours worked per week:	Number of employees you supervised:
TOTAL:	YRS	MOS		
		Duties of Your Position:		
Address:				
Telephone Number:				
Supervisor's Name:		Reason for leaving:		

Please list and explain any periods of unemployment:

Have you ever been terminated or asked to resign from any job?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Has your employment ever been terminated by mutual agreement?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever been given the choice to resign rather than be terminated?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever resigned under unfavorable circumstances from any employment?	YES <input type="checkbox"/> NO <input type="checkbox"/>

If you answered yes to any of the above questions, please explain the circumstances of each occasion below:

If applicable, list below any other names in which you have been known by that may be necessary to allow us to confirm your work and educational record. For example, change of name, use of an assumed name, nickname, etc.: _____

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310-970-7700

CERTIFICATION

I certify that all the information on this application, my résumé, or any supporting documents I may present during any interview is and will be complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, may result in disciplinary action, up to and including immediate dismissal.

I also understand that employment offers are conditioned upon the successful completion of our pre-employment screening process, which consists of verifying your references and credentials as well as passing a background clearance and DMV clearance when applicable to the position being applied for.

Likewise, I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver's license for the state in which I reside as well as automobile liability insurance in an amount equal to the minimum required by the state where I reside.

I further understand that the Company is committed to maintaining a drug and alcohol free work place. Accordingly, I may be subject to a pre-employment blood test, urinalysis, or other drug/alcohol screening. I further understand that if employed, I may be subject to such a drug and alcohol screening if the company has reasonable suspicion to believe that I am under the influence of a drug or alcohol. My consent to submit to such a test may be required as a condition of employment and my refusal to consent may result in a refusal to hire or, if already employed, may result in termination.

Applicant's Signature: _____

Date: _____

AT-WILL EMPLOYER STATEMENT

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Applicant's Signature: _____

Date: _____

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RECORD INQUIRY WAIVER

Position Applied for: _____

"I, _____, hereby authorize any former employer, schools, organizations, their employees, agents and representative(s), or any person listed as a reference to provide all relevant information regarding my employment and job performance to the South Bay Workforce Investment Board, Inc., This information may be provided either verbally or in writing.

In addition to authorizing the release of all information regarding my employment which is relevant to an evaluation of my qualifications for employment, I hereby waive any rights or claims I have or may have, past, present, or future, known or unknown, against any former employer, its employees and representatives, or former educational institution from all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of such information by said person or party, whether or not such information is favorable or unfavorable to me. I also agree that a photographic copy of this waiver is as valid as the original."

Applicant's Signature: _____

Date: _____