



International Institute
of Los Angeles

EMPLOYMENT APPLICATION

Our conditions of employment are listed at the end of this form. Please read them carefully before you sign this application. This application must be completed in full even if you are also submitting a resume.

POSITION APPLYING FOR _____

DATE OF APPLICATION _____

PERSONAL INFORMATION

PLEASE PRINT

FIRST NAME / MIDDLE NAME / LAST NAME

STREET ADDRESS

CITY / STATE / ZIP CODE

CELL PHONE # / HOME # / EMAIL ADDRESS

DO YOU HAVE ANY RELATIVES OR KNOW ANYONE THAT IS CURRENTLY OR HAD BEEN PREVIOUSLY EMPLOYED WITH THE INTERNATIONAL INSTITUTE OF LOS ANGELES (IILA)?

[] YES [] NO IF YES, LIST NAME(S):

HAVE YOU PREVIOUSLY WORKED FOR OR VOLUNTEERED AT IILA? [] YES [] NO
IF YES, WHEN AND FOR WHICH PROGRAM OR DIVISION?

HOW DID YOU BECOME AWARE OF THIS JOB OPENING AT IILA?

GENERAL INFORMATION

ONLY U.S. CITIZENS OR ALIENS WHO HAVE A LEGAL RIGHT TO WORK IN THE U.S. ARE ELIGIBLE FOR EMPLOYMENT. UPON EMPLOYMENT, WOULD YOU BE ABLE TO PROVIDE GENUINE DOCUMENTATION ESTABLISHING YOUR IDENTITY AND ELIGIBILITY TO BE LEGALLY EMPLOYED IN THE UNITED STATES?

[] YES [] NO

HAVE YOU EVER BEEN DISCHARGED FROM ANY EMPLOYMENT OR ASKED TO RESIGN?

[] YES [] NO IF YES, PLEASE EXPLAIN:

DATE YOU ARE AVAILABLE TO START WORKING?

EMPLOYMENT HISTORY

BEGIN WITH YOUR MOST RECENT EMPLOYER AND CONTINUE WITH ALL PAST EMPLOYERS

NAME OF EMPLOYER

JOB TITLE:

ADDRESS

JOB DUTIES:

CITY/STATE/ZIP CODE

DATES OF EMPLOYMENT:

MAY WE CONTACT THIS EMPLOYER? YES NO

PHONE #:

SUPERVISOR NAME & JOB TITLE:

NAME OF EMPLOYER

JOB TITLE:

ADDRESS

JOB DUTIES:

CITY/STATE/ZIP CODE

DATES OF EMPLOYMENT:

MAY WE CONTACT THIS EMPLOYER? YES NO

PHONE #:

SUPERVISOR NAME & JOB TITLE:

NAME OF EMPLOYER

JOB TITLE:

ADDRESS

JOB DUTIES:

CITY/STATE/ZIP CODE

DATES OF EMPLOYMENT:

MAY WE CONTACT THIS EMPLOYER? YES NO

PHONE #:

SUPERVISOR NAME & JOB TITLE:

NAME OF EMPLOYER	JOB TITLE:
ADDRESS	JOB DUTIES:
CITY/STATE/ZIP CODE	
DATES OF EMPLOYMENT:	
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
PHONE #:	
SUPERVISOR NAME & JOB TITLE:	

EDUCATION

EDUCATION	NAME AND ADDRESS OF SCHOOL	GRADUATED	DIPLOMA/DEGREE EARNED
HIGH SCHOOL		<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE		<input type="checkbox"/> YES <input type="checkbox"/> NO	
GRADUATE SCHOOL		<input type="checkbox"/> YES <input type="checkbox"/> NO	
BUSINESS/TRADE/OTHER		<input type="checkbox"/> YES <input type="checkbox"/> NO	

ADDITIONAL EXPERIENCE OR QUALIFICATIONS

List any other experience, skills, professional, trade, business or civic activities or other qualifications, which you believe should be considered in evaluating your qualifications for employment. Please indicate any prior military service that you would like considered in connection with your application for employment.

ATTENDANCE AND PUNCTUALITY INFORMATION

Consistent attendance and punctuality are essential requirements of every job with this company. Is there anything that would interfere with your regular attendance and punctuality if you were TO BE offered a job with IILA? YES NO

If Yes, please explain _____

INDICATE ANY LANGUAGES (OTHER THAN ENGLISH) THAT YOU ABLE TO SPEAK, READ OR WRITE.

[] Speak [] Read [] Write _____ [] Speak [] Read [] Write _____

[] Speak [] Read [] Write _____ [] Speak [] Read [] Write _____

[] Speak [] Read [] Write _____ [] Speak [] Read [] Write _____

PROFESSIONAL & PERSONAL REFERENCES (NOT RELATED TO YOU)

1	NAME	PHONE #
ADDRESS		RELATIONSHIP
CITY/STATE/ZIP		HOW LONG HAVE YOU KNOWN THEM?
2	NAME	PHONE #
ADDRESS		RELATIONSHIP
CITY/STATE/ZIP		HOW LONG HAVE YOU KNOWN THEM?
3	NAME	PHONE #
ADDRESS		RELATIONSHIP
CITY/STATE/ZIP		HOW LONG HAVE YOU KNOWN THEM?

NOTIFICATION AND AGREEMENT

PLEASE READ BEFORE SIGNING

I certify that all answers given by me are true, accurate and complete. I understand that the falsification, misrepresentation or omission of fact on this application (or any other accompanying or required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.

Questions regarding this statement should be directed to any employment interviewer before signing. The application will be given every consideration, but its receipt does not imply that the applicant will be employed.

It is the policy of the company to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, national origin, marital status, expunged juvenile records, or pregnancy, and to afford equal opportunities to disabled veterans, veterans of the Vietnam era, and individuals with a disability, any and other characteristic protected by Federal, State or Local law.

I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation.

If hired, I agree to abide by all of the company rules and regulation, and understand that, if employed, my employment may be terminated with or without cause, and with or without notice, at any time, at the option of either the company or me, I further understand that no representation, whether oral or written by any representative or agent of the Company, at any time, can constitute a contract of employment. I understand that the Company and all Plan Administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment. No representative or agent of the company, has the authority to enter into any agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other term or condition of employment other than in a document signed by the President or Executive Vice President, or to make any agreement contrary to the foregoing.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

APPLICANT SIGNATURE _____ DATE _____