

# Employment Application (Please type or print with blue or black ink)



**Homecare Workers  
Training Center**  
3010 Wilshire Blvd, #105  
Los Angeles, CA 90010  
866-888-8213  
Fax 866-728-1117

Complete all sections. Failure to do so may result in the rejection of your application. Statements such as "see resume" do not substitute for completing any portion of the application.						
Position applied for				Date of application		
Type of employment desired (check all that apply) <input type="checkbox"/> Full Time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary				Date available for work		
How did you learn of this position? Be specific: relative, friends, name of newspaper, radio station, etc.						
Last Name		First Name		Middle Name		Home Telephone (    )
Street address			City	State	Zip Code	
The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age.		Birth Date			May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Month	Day	Year		
Do you have any relatives who work for HWTC? Yes <input type="checkbox"/> No <input type="checkbox"/>			Have you filed an application here before? Date:			Cell Phone/ Pager (    )
Name(s)		Relationship		Division		A successful candidate may be subject to transfer to other divisions within Homecare Workers Training Center: Will you transfer if required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you previously been employed by Homecare Workers Training Center? Yes <input type="checkbox"/> No <input type="checkbox"/>			If yes, give dates/locations			
Driver's License/ I.D. #		State		Can you provide proof of citizenship, visa, or alien registration upon being hired? <input type="checkbox"/> Yes <input type="checkbox"/> No		Will you travel if required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you graduated from high school or completed a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No			If you are under 18, can you furnish a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No			Will you work overtime if required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Schools attended (name and location)		Dates attended		Credits earned	Major	Type of degree
		From	To			
Other courses, institutions, organizations (name and location)		Dates attended		Course title, type of subject	Type of degree or certification	Date of degree or certificate
		From	To			
Skills and qualifications: Summarize special skills and qualifications acquired from employment or other experiences that may qualify you for work with the District Court. (Include equipment and office machines you can operate.)						

## Voluntary Affirmative Action Questionnaire

Homecare Workers Training Center is an equal opportunity employer and shall carry out federal, state, and local laws and regulations prohibiting discrimination in employment on the basis of race, color, creed, religion, national origin, sex, sexual orientation, marital status, or the presence of a sensory, mental, or physical disability. For the purpose of effectively implementing the Homecare Workers Training Center Diversity Plan, we would appreciate if you complete this survey. This is entirely voluntary and will remain confidential.

What is your gender?    →	<input type="checkbox"/> Female <input type="checkbox"/> Male
Please check the racial/ethnic group with which you identify.    →	<input type="checkbox"/> American Indian/ Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other <input type="checkbox"/> African American/Black <input type="checkbox"/> White/Caucasian (please specify) _____
Will you need any special equipment or assistance to do this job? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain
Will you need special equipment or assistance in the testing process? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain

## Employment History

From (Mo. & Yr.)	Title of present or most recent position	Employer's name	Telephone (    )	
To (Mo. & Yr.)	Primary duties	Street address		
Total months worked		City	State	Zip Code
Hours worked each week		Name and title of supervisor		
Starting salary		Reason for leaving or considering change		
Present or last salary	Number of employees supervised by you, if any:			

From (Mo. & Yr.)	Title of position held before the above	Employer's name	Telephone (    )	
To (Mo. & Yr.)	Primary duties	Street address		
Total months worked		City	State	Zip Code
Hours worked each week		Name and title of supervisor		
Ending salary	Number of employees supervised by you, if any:	Reason for leaving		

From (Mo. & Yr.)	Title of Position held before the above	Employer's name	Telephone (    )	
To (Mo. & Yr.)	Primary duties	Street address		
Total months worked		City	State	Zip Code
Hours worked each week		Name and title of supervisor		
Ending salary	Number of employees supervised by you, if any:	Reason for leaving		

**Reference authorization:** I authorize Homecare Workers Training Center to contact the following three professional references:

Name	Title	Organization	Telephone
			(    )
			(    )
			(    )

Have you ever been convicted of a crime, pled guilty, or been released from prison within the past seven (7) years? If yes, indicate date and nature of the offense. Conviction of a crime or release from prison may not necessarily bar you from employment with the Homecare Workers Training Center.

Charge	Sentence	Remarks

It is understood and agreed that any misrepresentation in this application will be sufficient cause for cancellation of this application and/or termination from employment with Homecare Workers Training Center. I give Homecare Workers Training Center the right to investigate all references, and to secure additional information about me, including, but not necessarily limited to, a criminal record check. I hereby release Homecare Workers Training Center and its representatives from liability for seeking such information as well as all other persons, corporations or organizations who furnish such information.

Signature of Applicant	Date