

Whittier Area Parents' Association for the Developmentally Handicapped (WAPADH)

9300 Santa Fe Springs Rd.

Santa Fe Springs, California 90670

(562) 946-0467 Fax (562) 946-5767

APPLICATION FOR EMPLOYMENT				Referred By	
Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of non-job related medical condition or handicap. If you believe you need a reasonable accommodation during the application process, please let us know.					
PERSONAL INFORMATION				Application Date	
Last Name		First		Middle Initial	
				Telephone Number	
Present Address		No. and Street		City	
				State	
				Zip	
EMPLOYMENT DESIRED				Date you can start	
				Salary desired	
Position(s) applied for		Are you currently employed?		If so, may we contact your present employer?	
If you have applied to this organization before, please indicate where and when.			If you have relatives employed by this organization, please give names.		
If you have worked for this organization before, please indicate when and position held.			Do you seek full or part-time employment?		Shift or hours preferred.
Do you have special skills, experience or qualifications related to the position(s) applied for?					
Please list license's, certificates earned and any special training you have received related to the job for which you have applied:					
PREVIOUS EMPLOYMENT				Please explain any gap in employment history below:	
Please list most recent employment first		Name and Location		Position	Salary
1	From				
	To				
2	From				
	To				
3	From				
	To				
4	From				
	To				

EDUCATIONAL HISTORY

Languages spoken:

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	# of years attended	Graduated		Subjects Studies/Majors
			Yes	No	
GRAMMAR SCHOOL					
HIGH SCHOOL					
COLLEGE					
TRADE BUSINESS PROFESSIONAL SCHOOL					

PERSONAL REFERENCES

Please list 3 non-relatives whom you have known known for at least one year

	Name and Address	Telephone	Relationship	Years known
1				
2				
3				

In case of emergency NOTIFY:	Name	Address	City,	State	Zip	Telephone #
------------------------------	------	---------	-------	-------	-----	-------------

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

Date: ----- Signature: -----

WAPADH IS A DRUG FREE WORK PLACE. AS A CONDITION OF EMPLOYMENT, YOU WILL BE REQUIRED TO PASS A DRUG TEST. IN ADDITION, YOU WILL ALSO BE REQUIRED TO DISCLOSE CERTAIN CRIMINAL CONVICTIONS PURSUANT TO STATE LICENSING LAWS.