



GREATER LOS ANGELES AGENCY ON DEAFNESS, INC. (GLAD)
 2222 LAVERNA AVENUE, LOS ANGELES, CA 90041
 [323] 478-8000 TTY/Voice; [323] 550-4231 FAX; www.gladinc.org
 AN EQUAL OPPORTUNITY EMPLOYER

INSTRUCTIONS: This application is part of the application process. It must be completely filled out and signed to be accepted for review. Incomplete applications will be rejected.

Position Applied for: _____ **DATE:** _____

LAST NAME: _____ **FIRST NAME:** _____ **MIDDLE INITIAL:** _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

HOME PHONE: _____ **OTHER PHONE:** _____ **E-MAIL:** _____

How did you hear about the job position?

| | |
|---|---|
| <input type="checkbox"/> GLAD Website | <input type="checkbox"/> Advertisement |
| <input type="checkbox"/> Friend | <input type="checkbox"/> GLAD Employee |
| <input type="checkbox"/> Facebook <input type="checkbox"/> LinkedIn <input type="checkbox"/> Twitter <input type="checkbox"/> Deaf Digest | |
| <input type="checkbox"/> Other: _____ | |

CITIZENSHIP:

Are you a U.S. citizen **OR** do you have authorization to work in the U.S.? Yes No
Proof of citizenship or immigration will be required upon employment.

EMPLOYMENT:

- Are you currently employed? Yes No
 If "YES", may we contact your current employer? Yes No
- Do any of your family members or friends work for GLAD? If YES, state name, relationship and location _____
- Have you ever filed an application with GLAD before? Yes No
 If YES, give date(s) _____
- Have you ever been employed by GLAD? Yes No
 If "YES", what department or regional office? _____
- If you were previously employed by GLAD under another name, please state other name(s):

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |

6. If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No
7. Please check the type(s) of work you will accept: Regular, Full-time Regular, Part-time
8. Date available for work _____/_____/_____
9. What is your desired salary range? _____
10. Are you currently in lay-off status and subject to recall? Yes No
11. Can you travel if the job requires it? Yes No

EDUCATION:

12. Are you a college graduate? Yes No If "NO", have you taken any college courses: *Please list courses*

| | |
|--|--|
| | |
| | |

13. Are you a high school graduate? Yes No If "NO", have you taken a G.E.D. test?
 Yes No (Attach a copy of G.E.D. scores to application)

| School | Name and Address of School | Course of Study | Years Completed | List Degree Earned |
|-----------------------|----------------------------|-----------------|-----------------|--------------------|
| High School | | | | |
| Undergrad College | | | | |
| Graduate/Professional | | | | |
| Other (specify) | | | | |

TRAINING: Describe any specialized training, apprenticeship, internship, skills and extra-curricular activities.

EMPLOYMENT HISTORY: Start with your present or last job. Include any job-related military service assignments. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status. Use additional pages if necessary.

Employed From: _____ Your Title: _____ Hours/Week: _____ Employer: _____

_____ / _____ Mo. Yr. Your Duties: _____ Address: _____

To: _____ Supervisor Name: _____ Phone Number: _____

_____ / _____ Mo. Yr. No. of People Supervised: _____

Salary: \$ _____ May we contact this employer: Yes No Reason for Leaving: _____

This job was: Paid Volunteer/Intern

Employed From: _____ Your Title: _____ Hours/Week: _____ Employer: _____
_____/_____
Mo. Yr. Your Duties: _____ Address: _____

To: _____ Supervisor Name: _____ Phone Number: _____
_____/_____
Mo. Yr. No. of People Supervised: _____ Reason for Leaving: _____
May we contact this employer: Yes No
Salary: _____ This job was: Paid Volunteer/Intern
\$ _____

Employed From: _____ Your Title: _____ Hours/Week: _____ Employer: _____
_____/_____
Mo. Yr. Your Duties: _____ Address: _____

To: _____ Supervisor Name: _____ Phone Number: _____
_____/_____
Mo. Yr. No. of People Supervised: _____ Reason for Leaving: _____
May we contact this employer: Yes No
Salary: _____ This job was: Paid Volunteer/Intern

Comments: Explain gaps in employment history.

Describe any job-related training received in the United States military.

List professional, trade, business, volunteer, intern or civic activities and offices held.

ADDITIONAL INFORMATION:

Other qualifications: Summarize special job-related skills and qualifications acquired from employment or other experience.

PERSONAL/PROFESSIONAL REFERENCES: Do not include family members, friends or past supervisors listed on your employment history.

| Name | Phone Number | Email Address | Occupation |
|-------------|---------------------|----------------------|-------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.

Yes No

APPLICANT'S STATEMENT:

I certify that the answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the employer.

SIGNATURE: My signature affirms that all information on this application is true to the best of my knowledge and belief.

SIGNATURE OF APPLICANT

DATE

GREATER LOS ANGELES AGENCY ON DEAFNESS VOLUNTARY EMPLOYMENT QUESTIONNAIRE

Applicant: This completed section is confidential and will be detached from your application. This **information is voluntary** and is gathered in accordance with State and Federal laws for the purpose of evaluating the effectiveness of our equal opportunity and recruitment efforts.

Social Security Number

Job Title

CHECK ONE: Male Female

PLEASE CHECK ONE BOX ONLY FOR THE RACIAL/ETHNIC CATEGORY WITH WHICH YOU MOST CLOSELY IDENTIFY WITH (SEE BELOW FOR THE ETHNIC DEFINITIONS.)

| | | |
|--------------------------|---|---|
| <input type="checkbox"/> | WHITE | (Not Hispanic Origin) All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East. |
| <input type="checkbox"/> | BLACK | (Not Hispanic Origin) All persons having origins in any of the Black racial groups of Africa. |
| <input type="checkbox"/> | HISPANIC | All persons of Mexican, Puerto Rican, Cuban, or any other Spanish Hispanic (does not include persons of Portuguese or Brazilian origin or persons who acquire a Spanish surname). |
| <input type="checkbox"/> | ASIAN OR PACIFIC ISLANDER | All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands (excluding the Philippine islands). These areas include for example, China, Japan, Korea, and Samoa. |
| <input type="checkbox"/> | AMERICAN INDIAN OR ALASKAN NATIVE | All persons having origins in any of the original peoples of North America, or/and who maintain cultural identifications through tribal affiliation or community recognition. PLEASE IDENTIFY YOUR TRIBAL AFFILIATION: |
| <input type="checkbox"/> | FILIPINO | All persons having origins in the Philippine islands. |