



# Foothill Unity Center, Inc.

Helping People. Changing Lives.

790 W. Chestnut Ave., Monrovia, CA 91016 Telephone: (626) 358-3486 Fax: (626)358-8224	191 N. Oak Ave., Pasadena, CA 91107 Telephone: (626) 584-7420 Fax: (626)584-7422
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www: foothillunitycenter.org

<b>APPLICATION FOR EMPLOYMENT</b>	Referred by
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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 a non-job related medical condition or handicap.

PERSONAL INFORMATION		Social Security Number	Application Date	
Last Name	First Name	Middle Initial	Telephone Number	
Present Address: No. and Street		City	State	Zip
Email Address		Cell Number		
If you are not a citizen of the United States, please indicate your authorization to be employed.			Military Status	

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 applied to this company before, please indicate where and when.		If you have relatives employed by this company, please give names.	
If you have ever worked for this company 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?		Do you have any physical limitations which would hinder your performance in the position applied for?	

PREVIOUS EMPLOYMENT		Please Explain Any Gap In Employment Below		
Please List Most Recent Employment First		Name and Location	Position/Duties	Reason For Leaving
1	From			
	To			
2	From			
	To			
3	From			
	To			



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Educational History				
SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DATE GRADUATED	SUBJECTS STUDIED / MAJORS
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE / BUSINESS / PROFESSIONAL SCHOOL				

*Languages Spoken*

PERSONAL REFERENCES			PLEASE LIST 3 NON-RELATIVES WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR
	NAME AND ADDRESS	TELEPHONE	RELATIONSHIP - YEARS KNOWN
1			
2			
3			

IN CASE OF EMERGENCY: NOTIFY	NAME	ADDRESS: Street, City, State, Zip	PHONE

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts 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: \_\_\_\_\_

REV 2018

\*The civil rights act of 1964 prohibits discrimination in employment because of race, color, religion, sex, or national origin. Some states prohibit discrimination because of age. The age discrimination in employment act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age. If this state prohibits the request of any information on this form, this information will not be used to discriminate against possible employment.