

ONE IN LONG BEACH, INC
dba THE LGBTQ CENTER LONG BEACH
EMPLOYMENT APPLICATION



The LGBTQ Center Long Beach (The Center) is an Affirmative Action/Equal Opportunity Employer and does not discriminate, exclude, or otherwise deny employment and/or advancement opportunities to any qualified candidate based on age, ancestry, color, disability/handicap, gender, gender identity/expression, national origin, place of birth, race, religion, sex, sexual orientation, and/or any other characteristic(s) protected under local, state, or federal laws in any of its employment practices and activities. All employment decisions shall be made without regard to any of these characteristics.

INSTRUCTIONS:
Please complete all fields. Incomplete information could disqualify you from consideration.

PART I: CANDIDATE'S INFORMATION			
Name:		Date:	
Preferred name:		Pronouns:	
Address:			
City:	State:	Zip code:	
Phone:		Email:	

PART II: PREVIOUS EMPLOYMENT WITH THE CENTER				
Have you ever been employed by The Center?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
DATE(S):	FROM:	TO:		
WHAT WAS YOUR ROLE?				
WHO WAS YOUR STAFF SUPERVISOR?				

PART III: PREVIOUS VOLUNTEER EXPERIENCE WITH THE CENTER					
Have you ever volunteered at The Center?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
DATE(S):	<input type="checkbox"/> One time	FROM:	TO:		
WHAT WAS YOUR ROLE?					
WHO WAS YOUR STAFF SUPERVISOR?					

PART IV: SERVICES FROM THE CENTER			
Have you ever received any services at/from The Center?			<input type="checkbox"/> Yes <input type="checkbox"/> No
DATE(S):	<input type="checkbox"/> One time	FROM:	TO:

PART V: AVAILABILITY							
For which position are you applying?							
What type of work are you seeking?		<input type="checkbox"/> Full time	<input type="checkbox"/> Part-time <input type="checkbox"/> Temporary				
On what date can you start?							
Please use the spaces below to write which days and hours you are available for work.							
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
AM	AM	AM	AM	AM	AM	AM	
PM	PM	PM	PM	PM	PM	PM	
If needed, can you work overtime?						<input type="checkbox"/> Yes	<input type="checkbox"/> No

PART VI: EDUCATION				
Please circle the highest grade completed: 7 8 9 10 11 12 13 14 15 16+				
Institution's Name	City/State	Years Completed	Graduation Date	Diploma/Degree

PART VII: JOB RELATED SKILLS				
Language skills: Are you fluent (speak, write, read) in any other language other than English? <i>If so, please describe below.</i>			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please list any other skills, licenses, or certificates that may be job related or that you feel would be of value to this job and The Center.				
Have you read the job description?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you understand the requirements of the job?			<input type="checkbox"/> Yes	<input type="checkbox"/> No

PART VIII: EMPLOYMENT HISTORY					
<input type="checkbox"/> I am still working for this employer		May we contact employer?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Employer's Name					
City/State				Phone	
Position/Job Title			Supervisor's Name		
Dates of Employment		From:			To:
Duties/Responsibilities					
Reason for leaving					

Employer's Name				
City/State			Phone	
Position/Job Title		Supervisor's Name		
Dates of Employment	From:		To:	
Duties/Responsibilities				
Reason for leaving				

Employer's Name				
City/State			Phone	
Position/Job Title		Supervisor's Name		
Dates of Employment	From:		To:	
Duties/Responsibilities				
Reason for leaving				

PART IX: PROFESSIONAL REFERENCES	
Name	Relationship
Email	Phone
Name	Relationship
Email	Phone
Name	Relationship
Email	Phone

ACKNOWLEDGMENT

PLEASE READ CAREFULLY BEFORE SIGNING

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for The Center to hire me. If I am hired, I understand that either The Center or I can terminate my employment at any time and for any reason, with or without prior notice. I understand that no representative of The Center has the authority to make any assurance to the contrary.

I attest with my signature below that I have given The Center true and complete information on this application. No requested information has been concealed. I authorize The Center to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for denial of employment or immediate dismissal.

Signature _____

Date _____