

**SAN GABRIEL VALLEY TRAINING CENTER (SGVTC)  
400 S. Covina Boulevard La Puente CA 91746**

Satellite office:  
COMMUNITY REHABILITATION TRAINING CENTER (CRTC)  
536 N. Vincent Avenue Covina CA 91722

**APPLICATION FOR EMPLOYMENT**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Are there any additional information relative to change of name, use of an assumed name or nickname necessary to enable a check on your work and education record? YES  NO

**Address:** \_\_\_\_\_

**Position(s) applied for:**

**City & Zip:** \_\_\_\_\_

1. \_\_\_\_\_
2. \_\_\_\_\_

How long at this address: \_\_\_\_\_

If less than 2 years; previous address:  
\_\_\_\_\_

**Means by which you heard of this position:**  
\_\_\_\_\_  
\_\_\_\_\_

**Phone #:** ( ) \_\_\_\_\_

**Message #:** ( ) \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Can you, after employment, submit verification of your legal right to work in the United States?**

YES  NO

**If hired, can you show proof of age?**

YES  NO

Are you over 18 years of age?

YES  NO

If under 18, can you, after employment submit a work permit? YES  NO

Name and address of parents or guardian if applicant is minor:

Name \_\_\_\_\_

Address \_\_\_\_\_

**Do you have any relatives employed at the center or its branch offices?** YES  NO

If yes, state name(s): \_\_\_\_\_

**Have you ever been convicted of a felony?** YES  NO

(Note: A conviction will not necessarily disqualify an applicant from employment)

**Has your driver's license ever been suspended or revoked?** YES  NO

(Note: A conviction will not necessarily disqualify an applicant from the job for which he/she is applying for)

**Job related organizations, clubs, professional societies or other associations to which you belong.**

**Do you have any activities, commitments, or responsibilities that may hinder meeting of work attendance requirements or which you anticipate absences from work?** \_\_\_\_\_

**Professional Reference: Give name(s) of persons willing to provide professional and/or character references for applicant.**

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Phone: \_\_\_\_\_  
Company and Address: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Phone: \_\_\_\_\_  
Company and Address: \_\_\_\_\_  
\_\_\_\_\_

**Education:**

School/Address	Academic Major	Years Completed	Degree/Certificate	Grade Average
Elementary:				
High School:				
Jr. College/College/University:				
Technical or Vocational School:				
Adult Education Programs/Other:				
Current Course(s): list:				

**Experience: Give complete record of all employment and seasons for periods unemployed during the past 10 years. LIST MOST RECENT FIRST (or attach resume)**

FROM Mo/Yr	TO Mo/Yr	Employer Name/address/phone	Position	Salary	Reason for leaving Supervisor's Name

**MAY WE CONTACT YOUR PRESENT EMPLOYER FOR A REFERENCE? YES  NO**

**Military:** Any relevant skills acquired during your U.S. military service?  YES  NO

Skills: \_\_\_\_\_  
\_\_\_\_\_

**Skills:** Any machines or equipment operated \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Personal:** Are you bondable?  YES  NO

**Languages applicant reads, speaks or writes fluently other than English (if use of a language other than English is relevant to the job for which applicant is applying).**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Professional Licenses and/or certificates: List:**

Type: _____	State issued: _____	Exp. date: _____	No.: _____
Type: _____	State issued: _____	Exp. date: _____	No.: _____
Type: _____	State issued: _____	Exp. date: _____	No.: _____

**Will you accept:** Full time employment  Part-time employment  Temporary employment

**Emergency Contact: Name and address of a person to be notified in case of accident or emergency:**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Additional information you feel pertinent to your application:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AFFIDAVIT:** I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I agree that SGVTC/CRTC shall not be liable in any respect if my employment is terminated because of the falsity of statements, answers or omissions made by me in this application and the attached resume. I authorize the SGVTC/CRTC, companies, schools, or persons named above to give any information regarding my employment. I hereby release said Center, companies, schools or persons named above to give any information regarding my employment. I hereby agree to abide by the rules and policies of my employer and accept the established pay period as provided in accordance with the Fair Labor Standards Act (as amended).

Applications are initially screened for qualifying information and qualified applicants will be notified of interview date, time and place.

The successful candidate will be required to take a pre-employment screening physical, tuberculin test, drug screen and background check which will be paid for by SGVTC/CRTC. The candidate must return to the clinic within two days for the tuberculin reading otherwise SGVTC/CRTC is not responsible to pay for the tuberculin re-testing. Employment is contingent upon successful results of physical, tuberculin test, drug screen, background check and social security number verification. The candidate will furnish a DMV printout if necessary for the position. A photograph will be required upon hire.

SGVTC/CRTC does not discriminate on the basis of race, color, religion, gender, sexual orientation, marital status, national origin or disability.

\_\_\_\_\_  
**Applicant's signature**

\_\_\_\_\_  
**Date**

**Supervisor:**

**Hire:** \_\_\_\_\_ **Start date:** \_\_\_\_\_ **Position:** \_\_\_\_\_ **Payroll** \_\_\_\_\_