

Position of Interest:

Name of Applicant:



Latino Service Providers

1015-A Center Dr. Santa Rosa, CA 95403

(707) 837-9577

www.latinoserviceproviders.org

Application for Employment

Latino Services Provider is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law.

Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Instructions:

1. Please complete all pages of the application.
2. Please include: Resume, cover letter, and any appropriate/relevant supporting materials.
3. Forward the above including application to Latino Service Providers:
admin@latinoserviceproviders.org

*Application and supporting material will not be returned.

Applicant Information

Full Name: _____ Date: _____

Address: _____ *Street Address* _____ *Apartment/Unit #* _____

City _____ **State** _____ **ZIP Code** _____

Phone: _____ Email: _____

Other name(s) previously used:

If you are not a U.S. Citizen, do you have a current work permit? YES NO

Have you ever been convicted of a felony? YES NO **Conviction will not necessarily disqualify you from consideration for employment. (This information will remain confidential pursuant to law.)**

Education

High School Name/GED: _____ Graduation Date: _____

Higher Education/Training Institute:

From: _____ To: _____ Did you graduate? YES NO Degree: _____

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Other: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references:

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

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Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Disclaimer and Signature

I certify that all statements on this application are true and complete to the best of my knowledge and belief and, if employed, I understand that any misrepresentation, falsification, or omission of facts may be grounds for disqualification or separation.

By signing the application, I authorize Latino Service Providers to verify the information on this form and any other materials which I have submitted as part of the application process and to contact my references if I become a final candidate for the position.

Signature: _____ Date: _____