

The San Diego LGBT Community Center

Application for Employment



Name:		Date:
Social Security #:		Driver's License #:
Home Phone#:		Other Phone #:
Mailing Address:		
City:	State:	Zip:
Permanent Address:		
City:	State:	Zip:
Position for which you are applying:		

Employment History *(for last three years)*

Employer:		Pay Rate:
Address:		
City:	State:	Zip:
Supervisor's Name:		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for leaving:		

Employer:		Pay Rate:
Address:		
City:	State:	Zip:
Supervisor's Name:		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for leaving:		

Employer:		Pay Rate:
Address:		
City:	State:	Zip:
Supervisor's Name:		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for leaving:		

Employer:		Pay Rate:
Address:		
City:	State:	Zip:
Supervisor's Name:		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for leaving:		

Education

Name of Institution	City/State	Dates	GPA	Diploma/ Degree
High School:				
College:				
College:				
Other:				

Military Service

Branch:	Dates of Service:	Rank:
Last Post:	City/State:	

References *(At least two must be from previous employers)*

Name:		Position:
Company Name:		Phone #:
Address		
City:	State:	Zip:
How long has this person known you?		

Name:		Position:
Company Name:		Phone #:
Address		
City:	State:	Zip:
How long has this person known you?		

Name:		Position:
Company Name:		Phone #:
Address		
City:	State:	Zip:
How long has this person known you?		

Have you ever been convicted of a felony or misdemeanor? (Answering yes will not necessarily disqualify you from consideration for a position.) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Offense:	Date of Conviction:
Offense:	Date of Conviction:

By signing below, I affirm that I have completed this application for the sole purpose of obtaining employment with the San Diego LGBT Community Center. Further, I affirm that all statements and representations made on this form are accurate and true, and acknowledge that any false or misleading information may be cause for disqualification or dismissal. I hereby authorize the San Diego LGBT Community Center or one of its representatives to conduct a background check based upon the information contained on this form.

Applicant's Signature

Date

Space below is reserved for use by the San Diego LGBT Community Center.
