

APPLICATION FOR EMPLOYMENT

We appreciate your interest in Carrie Estelle Doheny Foundation. Carrie Estelle Doheny Foundation is an equal employment opportunity employer. Carrie Estelle Doheny Foundation's policy is not to discriminate against any applicant or employee based on race, color, sex, sexual orientation, gender identity, religion, national origin, age (40 and over), past or present military service, disability, genetic information, or any other basis protected by applicable federal, state, or local laws. Carrie Estelle Doheny Foundation also prohibits harassment of applicants or employees based on any of these protected categories.

GENERAL INFORMATION

Please complete all requested information. Use ink and print.

Location: _____ Today's Date: _____	Position Applying For: _____	
Name (Last) _____ (First) _____ (Middle) _____	Minimum Salary Desired _____	Date Available for Work _____
Street Address _____	Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No	
City _____ State _____ Zip _____	Telephone (Personal) _____ Telephone (Work) _____ (____) _____ (____) _____	
Have you previously worked for or applied for a position with Carrie Estelle Doheny Foundation, in any of our locations either as an employee or through an employment agency? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain when and, if employed, in what capacity: _____	Are you related to or in a close personal relationship with anyone now employed at Carrie Estelle Doheny Foundation? (An answer of "Yes" will not automatically disqualify you from the position for which you are applying.) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state name(s) and where they are located.	
Are you available to work overtime as needed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, are you available weekdays? _____ weekends? _____		

PERMISSION TO WORK

Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No
Will you now or in the future require sponsorship for employment visa status (e.g. H-1B status)? <input type="checkbox"/> Yes <input type="checkbox"/> No

REFERRAL INFORMATION

How did you learn about Carrie Estelle Doheny Foundation?	
<input type="checkbox"/> Employment Agency (state name): _____	<input type="checkbox"/> School (state name): _____
<input type="checkbox"/> Reputation of Firm _____	<input type="checkbox"/> Newspaper ad (name of paper): _____
<input type="checkbox"/> Referral (state name): _____	<input type="checkbox"/> Other: _____

JOB-RELATED S K I L L S AND QUALIFICATIONS

Please summarize your job-related skills and qualifications:

ADDITIONAL EMPLOYMENT INQUIRIES

Not Applicable at this time

APPLICANT'S STATEMENT & ACKNOWLEDGMENT

THIS APPLICATION IS NOT COMPLETE UNTIL IT IS FULLY COMPLETED, SIGNED, AND ALL STATEMENTS BELOW HAVE BEEN READ AND INITIALED

Initial: _____ I certify that all of the information furnished on this application and during the application process is true, complete and correct to the best of my knowledge. I understand that any misrepresentation or omission of facts called for may result in refusal to hire or, if hired, may result in my dismissal at any time regardless of when the false answer or omissions are discovered.

Initial: _____ I further understand and agree that, except for my at-will employment status, if hired, my wages, hours, working conditions, job assignment(s), and compensation rate(s) will be subject to change by Carrie Estelle Doheny Foundation.

Initial: _____ I understand that Carrie Estelle Doheny Foundation may share the information contained in this application with other Carrie Estelle Doheny Foundation employees for employment and administrative purposes and hereby consent to such transfer.

Initial: _____ I hereby authorize, to the extent allowed by applicable federal state and local laws, Carrie Estelle Doheny Foundation to conduct its own investigation of my references, employment history and education and, further, authorize the references and prior employers I have listed to disclose to the Carrie Estelle Doheny Foundation information related to my employment history and qualifications for the position for which I am applying, without giving me prior notice of such disclosure.

Initial: _____ I understand and expressly agree that if employed by the Carrie Estelle Doheny Foundation, storage areas provided for me (locker, desk, etc.) are open to investigation by the Carrie Estelle Doheny Foundation without prior notice to me.

Initial: _____ I understand that Carrie Estelle Doheny Foundation may not ask or require applicants to disclose past salary, wages or other compensation.

APPLICANT'S STATEMENT & ACKNOWLEDGMENT (Continued)

My signature below certifies that I agree to be bound by the terms and conditions stated in this application, which contains all the understandings between the Company and me concerning the topics addressed herein, and supersedes any prior inconsistent understandings between the Company and me on such issues.

APPLICANT'S SIGNATURE

DATE

This application will only be considered for 30 days. If you have not been hired within 30 days of submitting this application and you wish to continue to be considered for employment, you must complete another application.