



PERSONAL INVOLVEMENT CENTER, INC

8220 South San Pedro Street, Los Angeles, CA 90003, Office# (323) 565-2300, Fax# (323) 778-0485

www.personalinvolvementcenter.org

APPLICATION FOR EMPLOYMENT

Personal Involvement Center, Inc. is an equal opportunity employer and makes employment decisions based on qualifications only without regard to race, religion, color, national origin, ancestry, sex, including gender identity or gender expression, age, marital status, disability, medical condition, sexual orientation, veteran status, genetic information or other non-job related factors prohibited by applicable federal state or local laws. Personal Involvement Center, Inc. provides applicants who have disabilities with reasonable accommodation to assist in the interviewing process. Applicants requiring accommodation should contact the Department of Human Resources.

This document must be completed in its entirety before an offer of employment can be authorized

PERSONAL INFORMATION

| | | | |
|---|---------|----------|---|
| Name (Last) | (First) | (Middle) | Date |
| Street Address: | | | Home Telephone Number () |
| City, State, Zip Code: | | | Alternate Telephone Number () |
| Indicate any other name(s) used | | | Email Address |
| Name (Last) | (First) | (Middle) | |
| Have you ever been employed by Personal Involvement Center, Inc.? | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Month and Year _____ Last position held: _____ Location: _____ | | | |
| Position(s) for which you are applying: | | | Shifts: <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights Hours: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Per-Diem/On Call <input type="checkbox"/> Temporary |
| Do you have any relatives working for Personal Involvement Center, Inc.? | | | How were you referred: |
| If yes, indicate name, relationship, and department: | | | <input type="checkbox"/> Advertisement <input type="checkbox"/> Walk-in <input type="checkbox"/> Employee referral (indicate name) <input type="checkbox"/> Other: _____ |
| If hired, you will be required to furnish proof that you are legally authorized to work for Personal Involvement Center, Inc. in the United States. Can you furnish such proof? | | | When will you be able to begin employment? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

EDUCATION

| SCHOOL | NAME OF SCHOOL | CITY AND STATE | FIELD OF STUDY | Did you receive a Diploma, Degree/ Certificate | Indicate Name of Diploma/ Degree/ Certificate Received |
|---|----------------|----------------|----------------|---|--|
| High School | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| College or University (undergraduate, graduate, and post graduate) | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Other Schooling/ Vocational/Training | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

LICENSE/CERTIFICATE/REGISTRATION

Do you have a professional license, certificate or registration? Yes No

| | | | |
|---|---------|------------------|---------------------|
| If yes, indicate type: | Number: | Expiration date: | State where issued: |
| If yes, indicate type: | Number: | Expiration date: | State where issued: |
| Are there any current restrictions of any nature on your license, registration, certification, or on your right to practice your profession, occupation, or your ability to provide healthcare services? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: | | | |

EMPLOYMENT/VOLUNTEER WORK/OTHER WORK HISTORY

Please account for all your time including jobs, student internship, volunteer work, education, unemployment, self-employment, military service, etc. for the last 10 years. (start with your most recent employer)

| | |
|--|--|
| Employer Name | Telephone Number () |
| Employer Address, City, State, Zip Code | Employed - (state month and year) From: To: |
| Name/ Title of Supervisor | Rate of Pay Start: Last: |
| May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain: | Reason for Leaving |
| Your Job Title and Job Duties/Responsibilities | |

| | |
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| May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain: | Reason for Leaving |
| Your Job Title and Job Duties/Responsibilities: | |

LANGUAGE PROFICIENCY (Other Than English)

| Language | Read | Write | Speak |
|----------|--|--|--|
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

ADDITIONAL SKILLS

(Please indicate any additional job-related skills you possess)

| | |
|---|---------------------|
| Computer/Software applications (please list): | |
| Typing/ Shorthand: _____ W.P.M. | Medical Terminology |
| Other: | |

CRIMINAL PUBLIC RECORD

(Please complete all sections below)

| | | | | |
|--|-------|------------|------|--------|
| Have you ever been convicted of a crime in the past seven years, (excluding misdemeanors and summary offenses) which has not been annulled, expunged, or sealed by a court? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate: date, crime, court name, city, and county below: | | | | |
| Date | Crime | Court Name | City | County |
| | | | | |
| Date | Crime | Court Name | City | County |
| | | | | |
| Date | Crime | Court Name | City | County |
| | | | | |
| Conviction of a crime is not an automatic bar to employment. All circumstances will be considered. However, failure to fully disclose is falsification and grounds for immediate termination upon discovery at any time during employment | | | | |
| Have you ever been arrested for a sex offense for which registration as a sex offender would be required upon conviction? (Cal Labor Code 432.7(f), Cal Penal Code 290) <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Are you required to register as a sex offender under (Cal Penal Code 290) <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Do you require job accommodations for the essential functions you will be performing? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: | | | | |

DRIVING RECORD

(Please complete this section only if you are applying for a position that requires a Driver's License)

| | | |
|--|--|--------------------|
| Do you have a current Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, please indicate driver's license number: | State where issued |
| Are there any current restrictions on your Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, please indicate restrictions | |
| Have you been convicted of a moving violation in the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, please indicate date, violation, city, and state | |

MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATION

(Exclude those which may disclose your race, religion, color, national origin, sex, age, marital status, disability, medical condition, or sexual orientation)

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ACKNOWLEDGEMENT AND AGREEMENT

I understand this application for employment is not in any sense a contract or agreement of employment. I understand an offer of employment with Personal Involvement Center, Inc. may be subject to any or all of the following: successful completion of a job-related physical examination, including a test for tuberculosis and a screen for drugs/alcohol, successful passing of job-related testing, a review of work history, references, credentials, degrees, and other background information, fingerprinting or criminal clearance by the California Department of Justice and other required agencies, and proof of my identity and right to work in the United States. If I am hired, I understand additional information will be required to determine if I or any dependents are eligible for Personal Involvement Center sponsored benefits, and for statistical/government reporting purposes.

I acknowledge the facts I have stated on this application are true and complete to the best of my knowledge. I understand any falsification or omission of information on this application may be cause to deny me employment, or if already hired, cause for dismissal.

I understand Personal Involvement Center, Inc. and its public and private funding sources are concerned about the honesty, integrity and personal responsibility of its employees and prospective employees. I hereby grant Personal Involvement Center, Inc and any of its authorized agents permission to conduct a complete review of my work history, job qualifications, civil and criminal records, educational achievements, credential(s) or license(s), driving record or any other aspect of my background that may be related to the position for which I am applying. I understand this review may involve contact with my former employer(s) and/or associates, and hereby agree to hold harmless from liability any and all parties involved with regard to the release of information during this review. I understand I have the right to make a written request within a reasonable period of time for disclosure concerning the nature and scope of this investigation.

If I am hired, I agree to abide by the policies and procedures of Personal Involvement Center, Inc. I acknowledge that Personal Involvement, Inc. is an at-will employer, and understand my employment and compensation can be ended at any time by either myself or Personal Involvement Center, Inc., with or without a cause and with or without notice. I understand no person employed by Personal Involvement Center, Inc. may enter into an employment agreement with me for a specified or indefinite period of time, nor in any other way make an agreement contrary to Personal Involvement Center, Inc. at-will policy. To be binding, any agreement contrary to the at-will policy must be in writing and be signed by both myself and the Chief Executive Officer of Personal Involvement Center, Inc.

Applicant Signature

Date