



Heal the Bay

1444 9<sup>th</sup> Street

Santa Monica, CA 90401

310 451-1500 healthebay.org

## APPLICATION FOR EMPLOYMENT

Thank you for your interest in HEAL THE BAY. If you need assistance completing this application form or with any phase of the employment process, please let us know. Heal the Bay is an equal opportunity employer and selects the best matched individual for employment based upon job related skills, knowledge and ability, regardless of race, color, religion, national origin, sex, age, marital status, sexual preference, military status, physical or mental disability. THIS APPLICATION IS CONSIDERED CURRENT FOR SIX (6) MONTHS.

### PERSONAL INFORMATION

LAST NAME	FIRST	MIDDLE	DATE OF APPLICATION
STREET ADDRESS			HOME PHONE
CITY	STATE	ZIP CODE	CELL PHONE/PAGER
E-mail Address:			ALTERNATE PHONE
POSITION DESIRED:			PAY DESIRED
IS THERE ANYTHING THAT RESTRICTS OR LIMITS YOU FROM PERFORMING THE ESSENTIAL DUTIES OF THIS JOB? YES NO. IF YES, PLEASE EXPLAIN:			
HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH US BEFORE?			DATE AVAIL. FOR WORK
<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHEN? POSITION APPLIED FOR:			
ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES?			18 YEARS OR OLDER?
<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO
ARE YOU AVAILABLE FOR FULL TIME WORK?			MILITARY STATUS
<input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, WHAT DAYS AND HOURS CAN YOU WORK?			
HAVE YOU EVER BEEN CONVICTED OF A FELONY? CONVICTION WILL NOT NECESSARILY BAR YOU FROM EMPLOYMENT CONSIDERATION.			
<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, GIVE ALL DATES, PLACES, CHARGES AND DISPOSITIONS:			

### EDUCATION/TRAINING

SCHOOL	NAME AND LOCATION	MAJOR	YRS COMPLETED	COMPLETION DATE	DEGREE/DIPLOMA
HIGH SCHOOL					
COLLEGE					
VOCATIONAL					
OTHER					

### SPECIAL SKILLS

YOU MAY EXCLUDE SKILLS THAT INDICATE YOUR RACE, CREED, SEX, MARITAL STATUS, AGE, COLOR, NATIONAL ORIGIN, OR DISABILITY. INCLUDE SKILLS SUCH AS ADDITIONAL LANGUAGE SKILLS, HONORS, AWARDS, PUBLICATIONS, PATENTS, PROFESSIONAL SOCIETIES AND OTHER EXTRA CURRICULAR ACTIVITIES THAT MAY RELATE TO THE JOB FOR WHICH YOU ARE APPLYING.

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**PREVIOUS EMPLOYERS**

LIST ALL WORK EXPERIENCE, INCLUDING MILITARY, BEGINNING WITH YOUR PRESENT OR LAST POSITION.

EMPLOYER	TELEPHONE	STATUS <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME
ADDRESS		EMPLOYED FROM: _____ TO: _____
NAME AND TITLE OF SUPERVISOR		PAY START: _____ END: _____
STATE JOB TITLE AND DESCRIBE YOUR DUTIES _____ _____		REASON FOR LEAVING _____ _____
EMPLOYER	TELEPHONE	STATUS <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME
ADDRESS		EMPLOYED FROM: _____ TO: _____
NAME AND TITLE OF SUPERVISOR		PAY START: _____ END: _____
STATE JOB TITLE AND DESCRIBE YOUR DUTIES _____ _____		REASON FOR LEAVING _____ _____
EMPLOYER	TELEPHONE	STATUS <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME
ADDRESS		EMPLOYED FROM: _____ TO: _____
NAME AND TITLE OF SUPERVISOR		PAY START: _____ END: _____
STATE JOB TITLE AND DESCRIBE YOUR DUTIES _____ _____		REASON FOR LEAVING _____ _____
EMPLOYER	TELEPHONE	STATUS <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME
ADDRESS		EMPLOYED FROM: _____ TO: _____
NAME AND TITLE OF SUPERVISOR		PAY START: _____ END: _____
STATE JOB TITLE AND DESCRIBE YOUR DUTIES _____ _____		REASON FOR LEAVING _____ _____

MAY WE CONTACT THE EMPLOYERS LISTED ABOVE? IF SO, INDICATE BEST TIMES TO CONTACT EMPLOYERS.

☐ YES    ☐ NO

THIS APPLICATION IS SUBMITTED WITH THE UNDERSTANDING THAT UPON ACCEPTANCE OF A FORMAL EMPLOYMENT OFFER, I WILL BE REQUIRED TO COMPLETE THE COMPANY'S PRE-EMPLOYMENT PROCESS.

I AUTHORIZE THE COMPANY REPRESENTATIVE TO INVESTIGATE ALL INFORMATION PROVIDED ON THIS APPLICATION AND/OR RESUME. CONTINUED EMPLOYMENT IS CONTINGENT ON THE COMPANY VERIFYING ALL THE INFORMATION PRESENTED ON MY APPLICATION IS TRUE AND ACCURATE.

I UNDERSTAND THAT FALSIFICATION OF DATA (APPLICATION, RESUME, INTERVIEW, ETC.) GIVEN BY ME MAY PREVENT ME FROM BEING OFFERED EMPLOYMENT OR IF HIRED WILL SUBJECT ME TO IMMEDIATE TERMINATION FOR CAUSE.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO COMPLY WITH ALL COMPANY POLICIES AND PROCEDURES. I UNDERSTAND THAT NO EMPLOYEE OR REPRESENTATIVE OF THE COMPANY OTHER THAN THE PRESIDENT/CEO HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT OR TO MAKE ANY AGREEMENT CONTRARY TO THE INFORMATION CONTAINED IN THIS APPLICATION.

IN THE ABSENCE OF A WRITTEN CONTRACT STATING OTHERWISE I UNDERSTAND THAT MY EMPLOYMENT AND COMPENSATION MAY BE TERMINATED WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT THE OPTION OF THE COMPANY OR MYSELF.

I HAVE READ AND UNDERSTAND THE ABOVE.

SIGNED X \_\_\_\_\_ DATED: \_\_\_\_\_