

LOS ANGELES LOMOD CORPORATION

2600 WILSHIRE BLVD., 5TH FLOOR
LOS ANGELES, CA 90057

APPLICATION FOR EMPLOYMENT

AN EQUAL EMPLOYMENT OPPORTUNITY - AFFIRMATIVE ACTION EMPLOYER

LIST DRIVER'S LICENSE AND OTHER LICENSES AND CERTIFICATES REQUIRED BY THE EXAMINATION BULLETIN.	TITLE _____	
	NUMBER	EXPIRATION DATE
Have you ever been convicted of a felony or misdemeanor other than minor traffic violations? (Drunk, reckless or hit-run driving are not minor driving violations.) The fact that you have a record may not prevent you from getting a job, but you may lose your chance for this job if you do not list all convictions. You may be fingerprinted and your complete police record reviewed. (Failure to admit is cause for disqualification.) Write YES or NO _____		
LIST ALL CONVICTIONS BELOW AND ON ATTACHED SHEET IF NECESSARY		
OFFENSE	DATE	
LOCATION	FINE OR SENTENCE	
OFFENSE	DATE	
LOCATION	FINE OR SENTENCE	

Certification	I certify that all statements on this application are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application. I understand false or incomplete statements shall be sufficient cause for disqualification or dismissal.
	Signature _____
	Date _____
LIST ALL NAMES USED IN THE LAST TEN YEARS	

ELIGIBILITY REVIEW	DO NOT WRITE BELOW THIS LINE		
	STAFF NOTES:	LANG	EDUC
		EXP	DR. LIC.
		REASON REJECTED	SPEC LIC
		MIN. AGE	CIT.
	DATE REJECTED	APPLICATION APPROVED BY:	APP. ALIEN
	BY:	DATE APPROVED:	SPEC QUALS

EDUCATION	DID YOU GRADUATE FROM HIGH SCHOOL? YES <input type="checkbox"/> NO <input type="checkbox"/>	IF NOT, HAVE YOU PASSED A G.E.D. TEST? YES <input type="checkbox"/> NO <input type="checkbox"/>		
NAME AND LOCATION OF COLLEGE OR TRADE SCHOOLS ATTENDED	CREWS COMPLETED SEM. UNITS OR QTR. UNITS	MAJOR SUBJECT OR COURSE	UNITS COMPLETED IN MAJOR	SPECIFY DEGREES OR CERTIFICATES AWARDED

EXPERIENCE Begin With Your Most Recent Job. LIST ALL JOBS AND ANY PERIODS OF UNEMPLOYMENT IN THE LAST 10 YEARS. INCLUDE MILITARY SERVICE. ALSO LIST ANY JOBS YOU HELD MORE THAN 10 YEARS AGO WHICH RELATE TO THE DUTIES OF THE JOB FOR WHICH YOU ARE APPLYING AND INDICATE THE NUMBER OF HOURS PER WEEK THAT YOU WORKED. ALSO LIST ANY VOUNTEER EXPERIENCE AT ANY TIME WHICH RELATES TO THE JOB FOR WHICH YOU ARE APPLYING ALL EXPERIENCE USED TO QUALIFY FOR A POSITON EITHER PAID OR VOLUNTEER MUST BE VERIFIABLE.

DATES		EMPLOYERS	DUTIES
FROM (Mo. & Yr.)		NAME OF PRESENT OR LAST EMPLOYER	YOUR TITLE
TO (Mo. & Yr.)		ADDRESS	DUTIES
TOTAL MONTHS WORKED		CITY AND STATE	
MONTHLY SALARY		SUPERVISOR'S NAME PHONE	
		REASON FOR LEAVING	
FROM (Mo. & Yr.)		NAME OF PRESENT OR LAST EMPLOYER	YOUR TITLE
TO (Mo. & Yr.)		ADDRESS	DUTIES
TOTAL MONTHS WORKED		CITY AND STATE	
MONTHLY SALARY		SUPERVISOR'S NAME PHONE	
		REASON FOR LEAVING	
FROM (Mo. & Yr.)		NAME OF PRESENT OR LAST EMPLOYER	YOUR TITLE
TO (Mo. & Yr.)		ADDRESS	DUTIES
TOTAL MONTHS WORKED		CITY AND STATE	
MONTHLY SALARY		SUPERVISOR'S NAME PHONE	
		REASON FOR LEAVING	
FROM (Mo. & Yr.)		NAME OF PRESENT OR LAST EMPLOYER	YOUR TITLE
TO (Mo. & Yr.)		ADDRESS	DUTIES
TOTAL MONTHS WORKED		CITY AND STATE	
MONTHLY SALARY		SUPERVISOR'S NAME PHONE	
		REASON FOR LEAVING	
FROM (Mo. & Yr.)		NAME OF PRESENT OR LAST EMPLOYER	YOUR TITLE
TO (Mo. & Yr.)		ADDRESS	DUTIES
TOTAL MONTHS WORKED		CITY AND STATE	
MONTHLY SALARY		SUPERVISOR'S NAME PHONE	
		REASON FOR LEAVING	
FROM (Mo. & Yr.)		NAME OF PRESENT OR LAST EMPLOYER	YOUR TITLE
TO (Mo. & Yr.)		ADDRESS	DUTIES
TOTAL MONTHS WORKED		CITY AND STATE	
MONTHLY SALARY		SUPERVISOR'S NAME PHONE	
		REASON FOR LEAVING	

OTHER PERTINENT EXPERIENCE LIST OTHER EXPERIENCE PAID OR VOLUNTEER, PERTINENT TO THE POSITION FOR WHICH YOU ARE APPLYING AND WHICH HAS NOT BEEN ENTERED ABOVE. PLEASE INCLUDE SKILLS ACQUIRED DURING U.S. MILITARY SERVICE.

FROM TO _____	MONTHLY SALARY \$ _____	EMPLOYER _____	TITLE _____	DUTIES _____

CONFIDENTIAL INFORMATION
WILL BE KEPT SEPARATE

THE FOLLOWING INFORMATION IS NECESSARY FOR THE LOS ANGELES LOMOD CORPORATION TO EVALUATE ITS HIRING PRACTICES AND TO PREPARE REPORTS REQUIRED FOR THE STATE AND FERERAL GOVERNMENT. THIS FORM WILL BE DETACHED FROM THE APPLICATION AND THE INFORMATION CONTAINED THEREIN WILL NOT BE USED IN DETERMINING YOUR EMPLOYMENT. YOUR COOPERATION IS APPRECIATED.

SEX ETHNIC GROUP/RACE

MALE CAUCASIAN HISPANIC AMERICAN INDIAN OR ALASKAN NATIVE

FEMALE BLACK ASIAN OR PACIFIC ISLANDER OTHER

AGE _____ DISABILITY ACCOMODATION? EXPLAIN _____

NAME _____ JOB TITLE: _____

HOW DID YOU HEAR ABOUT THE POSITIONS HERE AT LA LOMOD?

WHICH ONE?

NEWSPAPER _____

INTERNET SITE _____

RADIO _____

WORD OF MOUTH _____