



DISABILITY
COMMUNITY
RESOURCE
CENTER

DCRC EMPLOYMENT APPLICATION

PLEASE PRINT

Date: _____

Name: _____

Cell Phone: (____) _____ Home Phone: (____) _____

Present Address: _____
Street City, State Zip

Email Address: _____

EMPLOYMENT DESIRED

Position Applying for: _____

Are you applying for:

Regular full-time work?

Regular part-time work?

Temporary work, e.g. summer or holiday work?

What days and hours are you available for work? _____

If applying for temporary work, during what period of time will you be available?

From _____

Are you available for work on weekends? Yes No

Would you be available for overtime, if necessary? Yes No

If hired, on what date can you start work? _____

Disability Community Resource Center - www.dcrc.co

12901 Venice Boulevard, Los Angeles, California 90066

(310) 390-3611 **Voice** ☎ (310) 398-9204 **TTY** ☎ (888) 851-9245 **Toll-Free**

PERSONAL INFORMATION

Have you ever applied to or worked for DCRC before? Yes No

If yes, when? _____

Do you have any friends or relatives working for DCRC? Yes No

If yes, state name(s) and relationship(s): _____

How did you learn about this position at DCRC? _____

If hired, would you have a reliable means of transportation to and from work?

Yes No

Are you at least 18 years old?

Yes No

(If under 18, hire is subject to verification that you are of minimum legal age.)

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country?

Yes No

Are you able to perform the essential functions of the job for which you are applying?

Yes No

If no, describe the functions that cannot be performed:

(NOTE: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing skill tests consistent with essential job functions.)

Are you currently employed? Yes No

If so, may we contact you current employer? Yes No

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EDUCATION, TRAINING, AND EXPERIENCE

School	Name/Address	No. of Years Completed	Did You Graduate?	Degree or Diploma
High School			Yes <input type="checkbox"/> No <input type="checkbox"/>	
College/ University			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Vocational/ Business			Yes <input type="checkbox"/> No <input type="checkbox"/>	

Many of our consumers do not speak English. Do you speak, write or understand any foreign languages? Yes No

If yes, which language(s)? _____

Do you have any other experience, training, qualifications, or skills that you feel make you especially suited for work at DCRC? If so, please explain:

Please describe personal experience(s) with disability, if any:

EMPLOYMENT HISTORY

List below all present and past employment starting with your most recent employer (last 10 years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

Name of Employer: _____

No.	Street	City	State	Zip
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Type of Business: _____

Phone No. (_____) _____ Supervisor's Name: _____

Position and duties: _____

Dates of Employment: From _____ To _____

Reason for Leaving: _____

May we contact this employer? Yes No

Name of Employer: _____

Street	City	State	Zip
--------	------	-------	-----

Type of Business: _____

Phone No. (_____) _____ Supervisor's Name: _____

Position and duties: _____

Dates of Employment: From _____ To _____

Reason for Leaving: _____

May we contact this employer? Yes No

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EMPLOYMENT HISTORY (continued)

Name of Employer: _____

No.	Street	City	State	Zip
-----	--------	------	-------	-----

Type of Business: _____

Phone No. (_____) _____ Supervisor's Name: _____

Position and duties: _____

Dates of Employment: From _____ To _____

Reason for Leaving: _____

May we contact this employer? Yes No

Name of Employer: _____

Street	City	State	Zip
--------	------	-------	-----

Type of Business: _____

Phone No. (_____) _____ Supervisor's Name: _____

Position and duties: _____

Dates of Employment: From _____ To _____

Reason for Leaving: _____

May we contact this employer? Yes No

Please explain any 'no' answers: _____

MILITARY SERVICE

Have you obtained any special skills or abilities as the result of service in the military?

Yes

No

If yes, please describe: _____

REFERENCES

List below three people not related to you who can provide a professional reference for and that have knowledge of your work performance within the last five years.

Name: _____

Occupation: _____

This person is a: Current Co-worker or Supervisor Former Co-worker or Supervisor

Telephone: (_____) _____ Years Acquainted: _____

Name: _____

Occupation: _____

This person is a: Current Co-worker or Supervisor Former Co-worker or Supervisor

Telephone: (_____) _____ Years Acquainted: _____

Name: _____

Occupation: _____

This person is a: Current Co-worker or Supervisor Former Co-worker or Supervisor

Telephone: (_____) _____ Years Acquainted: _____

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Please Read Carefully, Initial Each Paragraph and Sign Below

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I hereby authorize DCRC to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to DCRC any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure (except as noted under the "Employment History" section of this application). In addition, I hereby release DCRC, my former employers and all other persons, corporations, partnerships, and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and DCRC. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or DCRC, and that no promises or representations contrary to the foregoing are binding on DCRC unless made in writing and signed by me and DCRC's designated representative.

Applicant Signature

Date

AB Revised 02/28/18

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