



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](http://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:

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**(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:

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

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## 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

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Name of Employer: \_\_\_\_\_

\_\_\_\_\_

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

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**EMPLOYMENT HISTORY (continued)**

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

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Name of Employer: \_\_\_\_\_

\_\_\_\_\_

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

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. A **professional reference** is someone who has worked with you or supervised your work for any period of time.

Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

This person is a:

Current Co-worker  Current Supervisor  Former Co-worker  Former Supervisor

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Years Acquainted: \_\_\_\_\_

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Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

This person is a:

Current Co-worker  Current Supervisor  Former Co-worker  Former Supervisor

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Years Acquainted: \_\_\_\_\_

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Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

This person is a:

Current Co-worker  Current Supervisor  Former Co-worker  Former 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 03/22/18

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