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**APPLICATION FOR EMPLOYMENT**

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, physical ability or veteran status.

|  |
| --- |
| P E R S O N A L |
|  |
| Last Name First Middle Date |
| Street Address City, State, Zip( )  |
| Telephone Social Security Number Hourly Rate desired (Range ok)  |

|  |
| --- |
| **Have you ever applied for employment with us? If yes:**□ Yes □No **Month and Year**\_\_\_\_\_\_\_\_\_\_\_\_\_**Location**\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Apart from absence for religious observance, are you available for work full-time?**□ Yes □No **If not, what hours can you work?**  |
| **Will you work overtime if asked? When will you be available to begin work?**□ Yes □No  |
| **Are you legally eligible for employment in the United States?**□ Yes □No  |
| **Other Special training or skills (languages, machine operation, etc.)** |

|  |  |
| --- | --- |
|  |  **E D U C A T I O N** |
| **School** | **Name and Location** | **Course of Study** | **No. of Years** | **Degree/Diploma** |
| **Graduate** |  |  |  |  |
| **College** |  |  |  |  |
| **Business/Trade/****Technical** |  |  |  |  |

|  |  |
| --- | --- |
| Employment | Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer. |

|  |  |
| --- | --- |
|  | 1 |
| Company Name |  | Telephone( ) |
| Address |  | Employed- (State month and year)From To |
| Name of Supervisor |  |  |
| State Job Title and Describe Your Work |  | Reason for Leaving |
|  |  |

|  |  |
| --- | --- |
|  | 2 |
| Company Name |  | Telephone( ) |
| Address |  | Employed- (State month and year)From To |
| Name of Supervisor |  |  |
| State Job Title and Describe Your Work |  | Reason for Leaving |
|  |  |

|  |  |
| --- | --- |
|  | 3 |
| Company Name |  | Telephone( ) |
| Address |  | Employed- (State month and year)From To |
| Name of Supervisor |  |  |
| State Job Title and Describe Your Work |  | Reason for Leaving |
|  |  |

We may contact the employer’s listed above unless you indicate those you do not want us to contact.

***Do Not Contact***

Employer Number(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reason\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| Membership in Professional or Civic Organizations(Exclude those which may disclose your race, color, religion or national origin) |
|  |
|  |
|   |

*FOR EMPLOYER’S USE ONLY*

|  |
| --- |
| REFERENCE CHECK |
| **Employer** | **Person Contacted** | **Results** |
| 1 |  |  |
| 2 |  |  |
| **3** |  |  |

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**SECURITY CONSENT AND RELASE**

**(BY APPLICANT AND EMPLOYEE)**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, do hereby voluntarily consent to any and all lawful security investigations conducted at the request of Los Angeles Music & Art School, Employer (LAMusArt). The purpose and procedures of the investigations have been fully described to me and I completely understand the reasons and use of such investigations. I agree that the results of the investigation will be given to LAMusArt, the Employer and the results may be used to make decisions regarding my employment with LAMusArt.

The cost of this investigation will be paid by LAMusArt, Employer. As a consequence of any adverse information obtained about me by said investigations, I understand that I may not be offered a job with LAMusArt, Employer or may be summarily discharged if I am currently working at LAMusArt, Employer. Nonetheless, I hereby indemnify, release and forever discharge and hold LAMusart, Employer and its subsidiaries and affiliated companies, agents and employees harmless from any and all claims, demands, and judgments and legal fees arising out of or in with this investigation, the results, or any lawful use of the results.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant or Employee

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Applicant or Employee

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Witness