

LIFE STEPS FOUNDATION, INC.

5839 Green Valley Circle, Suite 204
Culver City, CA 90230

Employment Application Date _____

Life Steps Foundation is an equal opportunity employer dedicated to a policy of nondiscrimination in employment on the basis of age, gender, color, race, creed, national origin, religion, marital status, sexual orientation, political belief, disability, or any other characteristic protected by state or federal law.

Contact Information

First Name _____ Middle _____ Last _____

Street Address _____ City _____ State ____ Zip Code _____

Home Telephone Number _____ Social Security Number _____

Daytime Telephone Number at which we may contact you _____

E-Mail Address _____

How were you referred to Life Steps Foundation? Please circle the number of the most appropriate response.

- | | | | | | |
|-----------------------|---------------------|----------|---------------|----------------------|---------|
| 1 | 2 | 3 | 4 | 5 | 6 |
| College or university | Recruiter or agency | Employee | Advertisement | No referral; walk in | Other |
| | | _____ | _____ | | _____ |
| | | Name | Where? | | Explain |

Position Preferences

For what position are you applying? _____

Days and hours available for work _____

Salary desired: \$_____ per _____ (specify hour, week or year) Schedule desired: full-time ____ part-time ____

Could you work overtime? Yes ____ No ____ Date available to start _____

ALL APPLICATIONS MUST BE COMPLETED IN THEIR ENTIRETY

Personal Information

	Yes	No
Have you worked with or applied for employment with Life Steps before? If so, when?		
Do you have a reliable means of transportation to and from work?		
Can you travel if required by this position?		
Do you have any friends or relatives currently employed by Life Steps? If so, who?		

	Yes	No
Are you at least 18 years of age?		
Can you provide proof of your eligibility to work in the United States if hired?		
Have you ever been convicted of a criminal offense (felony or misdemeanor)? If yes, state the nature of the crime(s), when and where convicted and the disposition of the case. (Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature, date, and surrounding circumstances of the offense and the relation of the offense to the position(s) applied for may be considered, however.) <i>Nature of offense:</i> <i>Disposition and date:</i>		

Education

	Elementary School					High School				Undergraduate College/University				Graduate/ Professional			
School name and location																	
Years completed	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/degree																	
Describe course of study and year finished.																	
Describe any specialized training, apprenticeship, skills, and extracurricular activities.																	
Describe any honors you have received.																	
State any additional information you feel may be helpful to us in considering your application.																	

Languages (Many of our clients do not speak English. List all foreign languages that you speak, write or read:

	Fluent In	Good In	Fair In
Speak			
Read			
Write			

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

Previous Employment (List your current or most recent employment first. Include work-related internships and military or volunteer work. Use additional paper if necessary).

1	Employer		Dates Employed		Work Performed
			From	To	
	Address (street/city/state)				
	Telephone number		Hourly Rate/Salary		
			Starting	Final	
	Job title	Supervisor			
Reason for leaving		May we contact your current employer? ~ Yes ~ No			
2	Employer		Dates Employed		Work Performed
			From	To	
	Address (street/city/state)				
	Telephone number		Hourly Rate/Salary		
			Starting	Final	
	Job title	Supervisor			
Reason for leaving					
3	Employer		Dates Employed		Work Performed
			From	To	
	Address (street/city/state)				
	Telephone number		Hourly Rate/Salary		
			Starting	Final	
	Job title	Supervisor			
Reason for leaving					
4	Employer		Dates Employed		Work Performed
			From	To	
	Address (street/city/state)				
	Telephone number		Hourly Rate/Salary		
			Starting	Final	
	Job title	Supervisor			
Reason for leaving					
5	Employer		Dates Employed		Work Performed
			From	To	
	Address (street/city/state)				
	Telephone number		Hourly Rate/Salary		
			Starting	Final	
	Job title	Supervisor			
Reason for leaving					

Professional Work-Related References

Name _____ Title _____ Company _____

Telephone _____ Professional relationship _____

Name _____ Title _____ Company _____

Telephone _____ Professional relationship _____

Name _____ Title _____ Company _____

Telephone _____ Professional relationship _____

Releases and Applicant's Signature

Read and initial each paragraph below, then and sign and date the application.

_____ I have not knowingly withheld any information that might adversely affect my chances for employment with Life Steps and the answers given by me are true to the best of my knowledge. I have personally completed this application and 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 immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I authorize Life Steps to thoroughly investigate my references, work record, education and other matters related to my suitability for employment thoroughly and further authorize the references I have listed to disclose to Life Steps any and all letters, reports and other information related to my work records without giving me prior notice of such disclosure. I also hereby release the company, 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 that may be granted or during my employment, if hired, is intended to create an employment contract between Life Steps and me. I also understand and agree that if I am employed, my employment is for no definite or determined period and may be terminated at any time, with or without prior notice, at the option of either Life Steps or me, and that no promises or representations to the contrary to the foregoing are binding on Life Steps unless made in writing and signed by the CEO of Life Steps and me.

I have read and understand the attached job description and physical demands of the job I am applying for and can perform these duties without reasonable accommodations.

Applicant's Signature

Date

Equal Employment Opportunity Data

To be completed by applicant:

Completion of this form is entirely voluntary and all information will remain confidential and will not affect your application for employment. We are required by law to collect this information for equal employment opportunity purposes, and it will not become part of your personnel record if you are hired by Life Steps Foundation.

Name: _____

Race/Ethnicity:

American Indian/Alaskan Native

- Asian/Pacific Islander
 - African American
 - Hispanic
 - Caucasian
-

Government contractors must take affirmative action to employ and advance certain qualified individual subject to the Rehabilitation Act of 1973 and the Vietnam Era Veterans Readjustment Act of 1974.

Completion of the following information is voluntary and will assist us in proper placement and reasonable accommodation. If you wish to be identified as qualifying for placement or accommodation, please check where applicable:

- Vietnam Era Veteran
 - Disabled Veteran
 - Individual with a Disability
-

To be completed by Life Steps Foundation:

EEO-1 Category:

- | | |
|---------------------------|----------------------------|
| 1. Officials and managers | 6. Crafts-skilled |
| 2. Professionals | 7. Operatives-semi skilled |
| 3. Technicians | 8. Laborers-unskilled |
| 4. Sales | 9. Service Workers |
| 5. Office and clerical | |

Life Steps information completed by:

Name _____ Date _____

RELEASE AND AUTHORIZATION FORM

In accordance with my right to privacy, I have been advised by Life Steps Foundation that the information described below is required to assist the same in making an employment advancement determination concerning me and that execution of this form is voluntary.

I hereby authorize any qualified agent bearing this document or a copy thereof, to obtain information from all personnel, educational institutions, government agencies, to include The Department of Justice and The Youth Authority, companies, corporations, worker's compensation information, law enforcement agencies or individuals relating to my past activities, to supply any and all information concerning my background, and release same from any liability resulting from providing such information. The information received may include, but is not limited to academic, job performance, attendance, personal history, financial record history, disciplinary, driving (DMV or MVR) records, and criminal or civil records.

I understand that the information released is for consideration of my employment application, resume and possibly for the purpose of determining my qualifications for future assignment.

I further hereby release any individual associated with the compilation of such information to include record custodians, directors, officer, agent, employees, if authorized representatives of the same, from any and all liability for damages of whatever kind of nature, which may at any time accrue to me on account of (1) reliance by such person on the information submitted in my employment application; (2) reliance by such persons on the information obtained pursuant to this authorization; (3) compliance with, or any attempt to comply with, this authorization; and (4) termination of my employment based on information obtained after commencement thereof pursuant to validity of this authorization. If adverse action is taken based in whole or in part on the consumer report, we will provide to you a copy of the consumer report and a summary of the consumer's rights as prescribed by the FCRA. This report will not be used in violation of any federal or state laws and/or equal employment opportunity laws or regulations.

I hereby certify that all the statements and answers set forth on this application form and documents signed are true and complete to the best of my knowledge, and I understand that if, subsequent to employment any of such statements and/or answers are found false or that information has been omitted, such false statements or omissions will be just cause for termination of my employment.

I understand that I have a right to receive a copy of any consumer report created as a result of this release form, by Liberty Alliance Inc.. I have also stated clearly in the boxes listed below as to my desire to receive that report from this company to which I am applying upon its completion. The investigative consumer-reporting agency preparing the report(s) is Liberty Alliance, Inc., 22707 La Palma Ave., Yorba Linda, CA 92887, telephone (714) 696-5410. Their files are available for review by appointment, by certified mail or telephonically with proper identification.

PLEASE PRINT CLEARLY

SIGNATURE OF APPLICANT

PRINT FULL NAME (First, Middle & Last Name)

DATE

APPLICANT'S ADDRESS

For purposes of gathering this information, I agree to supply the following information which may be required by law enforcement agencies and other entities for positive identification purposes in checking records. It is confidential and will not be used for any other purpose.

DATE OF BIRTH

DRIVERS LICENSE NUMBER

STATE

SOCIAL SECURITY NUMBER

LAST NAME AS IT APPEARS ON LICENSE

(PLEASE PRINT CLEARLY)

- Yes, I would like a copy of any investigative consumer report that is conducted by Liberty Alliance, Inc.
 No, I do not need a copy of any investigative consumer report that is conducted by Liberty Alliance, Inc.

Reference Check for Employment - Page 2

Name of Applicant _____

Dates of Employment _____

Positions Held _____

Duties _____

Starting Salary _____ Ending Salary _____

Would Rehire Would Not Rehire

Voluntary or Involuntary Termination

Reason for Terminating Employment

Number of Employees Supervised

Attendance (check one): excellent satisfactory poor

Overall performance (check one): excellent satisfactory poor

Additional comments

All information provided herein is true and accurate, and provided solely in response to inquiries which are of legitimate business interest to all parties.

Name of Person Completing this Reference Check

Signature

Date

(Employer seeking information should complete this portion if reference check is completed by telephone)

The information contained in this reference check is an accurate reflection of the information provided to me by _____, and was procured for legitimate business purposes.

Name of Telephone Interviewer

Signature of Telephone Interviewer