



Application for Academic Instructor

We appreciate your interest in the WE CAN FOUNDATION. WE CAN FOUNDATION is an Equal Opportunity Employer and assures you that your qualifications will receive full consideration without regard to race, color, religion, sex, gender, age, national origin, ancestry, sexual orientation, disability, medical condition, marital status, veteran status, or any other legally protected status.

Please submit a resume or curriculum vita with this application.

Date: _____

1. PERSONAL INFORMATION				
LAST NAME	FIRST	MIDDLE INITIAL	OTHER NAME	
STREET ADDRESS	CITY	STATE	ZIP CODE	HOME PHONE NUMBER
SOCIAL SECURITY NUMBER NAME AS IT APPEARS ON SOCIAL SECURITY CARD		CA DRIVER LICENSE		DOB
E-MAIL ADDRESS	CELL PHONE NUMBER		M	F

2. POSITION OBJECTIVE		
POSITION APPLIED FOR	DATE AVAILABLE FOR EMPLOYMENT	
ARE YOU AT LEAST 18 YEARS OLD? YES / NO -	Work LOCATION PREFERENCE	SALARY RATE EXPECTED ()
TYPE OF EMPLOYMENT DESIRED - PLEASE INDICATE HOURS AND DAYS AVAILABLE for PART TIME work - MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY SUNDAY		
IF HIRED, CAN YOU FURNISH PROOF OF CITIZENSHIP, PERMANENT U.S. RESIDENCY OR AUTHORIZATION TO WORK IN THE US? YES / NO		

3. EDUCATION						
SCHOOL ATTENDED	NAME OF SCHOOL	LOCATION	DATES	ATTENDED	DIPLOMA/DEGREE RECEIVED (Type, MO/YR)	MAJOR/ FIELD
HIGH SCHOOL						
UNDER GRADUATE COLLEGE (S)						
GRADUATE SCHOOL (S)						
OTHER SCHOOLS (e.g. Trade, etc.)						

4. SKILLS, LICENSES, CERTIFICATIONS (If applicable to position applied for) You may be required to take skills/assessment based testing and the test results may be used as consideration for employment.

COMPUTER / SOFTWARE

OFFICE EQUIPMENT

ADDITIONAL LANGUAGES SPOKEN (Other Than English) VERBAL PROFICIENCY HIGH MED LOW - WRITTEN PROFICIENCY HIGH MED LOW

If LAUSD Employee; write Employee I.D number here:

Do you have a valid California driver's license? YES / NO
(Proof of insurance may be a condition for employment)

Do you have current automobile insurance? YES / NO

5. EMPLOYMENT HISTORY COMPLETION OF ALL FIELDS IS REQUIRED

RESUME ATTACHED Beginning with your most recent; please list all employment for the past ten years. Do not indicate "See Resume". Be sure to include military service. **Yes / No**

EMPLOYER NAME COMPLETE STREET ADDRESS. CITY STATE AND ZIP

PHONE NUMBER (With Area Code) DATES OF EMPLOYMENT (Month and Year) BASE SALARY

SUPERVISOR NAME SUPERVISOR PHONE NUMBER CAN WE CONTACT? **Yes No**

SPECIFIC DUTIES

REASON FOR LEAVING

EMPLOYER NAME COMPLETE STREET ADDRESS. CITY STATE ZIP

PHONE NUMBER (With Area Code) DATES OF EMPLOYMENT (Month and Year) BASE SALARY

SUPERVISOR NAME SUPERVISOR PHONE NUMBER CAN WE CONTACT? **Yes / No**

SPECIFIC DUTIES

REASON FOR LEAVING

EMPLOYER NAME COMPLETE STREET ADDRESS. CITY STATE ZIP

PHONE NUMBER (With Area Code) DATES OF EMPLOYMENT (Month and Year) BASE SALARY

SUPERVISOR NAME SUPERVISOR PHONE NUMBER CAN WE CONTACT? **Yes / No**

SPECIFIC DUTIES

REASON FOR LEAVING

Attach additional sheet(s) if necessary
DESCRIBE YOUR EXPERIENCES WORKING WITH STUDENTS

6. SECURITY INFORMATION

Please answer the following security questions as accurately and completely as possible, to the best of your knowledge. Any misrepresentation, falsification, or omission of information may impact your eligibility for employment.

HAVE YOU EVER BEEN CONVICTED OF ANY CRIMINAL OFFENSE (Felony, Misdemeanor, including DUIs)? Note: This information is subject to verification through such means as fingerprinting and criminal record checking. A conviction includes any guilty or nocontest plea, verdict or finding of guilt, regardless of whether a sentence or fine was imposed. (You may omit convictions for marijuana possession more than two years old, and convictions that have been expunged, legally dismissed, released from record, or sealed by court order. You should not assume a conviction has been dismissed unless you possess official proof as it may otherwise still be on your record. Be prepared to provide proof of dismissal at the Employers request. Failure to do so may disqualify you from employment.)

No Yes If "YES", complete the Security Information Addendum Form included with this application.
ARE YOU CURRENTLY OUT ON BAIL, OR ON YOUR OWN RECOGNIZANCE PENDING TRIAL?

No Yes If "YES", please describe the circumstances

NOTE: A CONVICTION WILL NOT NECESSARILY DISQUALIFY YOU FOR EMPLOYMENT; EACH CASE WILL BE EVALUATED ON ITS OWN FACTS AND CIRCUMSTANCES.

DO YOU KNOW OF ANY REASON WHY YOU CANNOT BE BONDED?

No Yes If "YES", please describe the circumstances:

7. HOW WERE YOU INTRODUCED TO THE WE CAN FOUNDATION?

- Employee Referral (Specify name):
- Former Employee:
- Employment Agency (specify):
- Government Agency (specify):
- College/University (specify):
- Community-Based Organization (specify):
- Job Board (specify):
- Job Fair (specify):
- Open House (specify):
- Print Media (specify):
- Walkin:

NOTICE TO APPLICANTS PLEASE READ CAREFULLY BEFORE SIGNING. If you have any questions, ask the Human Resources Representative.

As a condition of employment, all employees will be fingerprinted and any record of criminal convictions will be examined, including the criminal history records of the Federal Bureau of Investigation. All arrests not leading to convictions, any convictions reversed on appeal, any convictions under the authority of juvenile laws which have been sealed by the court, and convictions for marijuana possession more than two years old will be excluded from consideration. While the WE CAN FOUNDATION requires that you disclose all convictions in accordance with Section 6 of this application, if you have been convicted of a crime, the nature of the crime for which you were convicted, and the length of time since that conviction are important. Criminal convictions will be considered but will not automatically disqualify you. If you have been convicted of a crime, you will be given the opportunity to explain any circumstances which may affect the consideration of your employment application.

APPLICATION CERTIFICATION: I hereby certify that the information I have provided in this application is true and complete to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this application unfavorably. I agree to have any of this information checked by the WE CAN FOUNDATION unless I have indicated to the contrary. I authorize my previous employers, schools, or persons named as references to provide WE CAN FOUNDATION any and all information pertaining to my previous employment, educational records, and any pertinent information they may have, personal or otherwise. I release all entities and persons from any and all liability for any damages that may result from providing such information to the WE CAN FOUNDATION or from the reliance of the WE CAN FOUNDATION on the information provided

I understand that any misrepresentation, falsification, or omission of information on the application may result in my failure to receive an offer or, if I am hired, could result in my dismissal from employment.

I understand that it is the policy of the WE CAN FOUNDATION to provide a work environment free from all forms of discrimination and harassment, including sexual harassment.

I understand that I must produce documents providing satisfactory proof that I am a U.S. citizen or an alien lawfully authorized to work in the U.S., within the time frame specified by the WE CAN FOUNDATION, to meet the requirements of the Immigration Reform and Control Act of 1986.

If I fail to comply with any of the requirements set forth above, I understand that an offer of employment will be rescinded or my employment will be terminated.

In consideration of my employment, I agree to comply with all of the policies, rules and regulations of the WE CAN FOUNDATION. I agree and understand that my employment is at will and, therefore, my employment and compensation can be terminated with or without cause, and with or without notice, at any time, at my option or at the option of the WE CAN FOUNDATION. I understand that my salary, job title, and job duties may change from time to time without a written notice. I further understand and agree that this at will employment relationship as defined above will remain in effect throughout my employment with the WE CAN FOUNDATION, or any of its parents or affiliated companies, unless it is modified by a specific express written employment contract which is signed by the WE CAN FOUNDATION Director of Human Resources and me. I understand that this statement of the circumstances under which my employment can be terminated constitutes the complete understanding by the WE CAN FOUNDATION. This at will employment relationship may not be modified by any oral or implied agreement.

I HEREBY ACKNOWLEDGE THAT I HAVE READ, AGREE TO, AND UNDERSTAND THE ABOVE STATEMENTS.

APPLICANT'S SIGNATURE DATE

APPLICANT FLOW SHEET
CONFIDENTIAL FOR STATISTICAL USE ONLY

In an effort to meet government reporting requirements and to better evaluate our selection process, we request that you complete this form. Response to this request is voluntary. The information that you provide will be kept separate from the application and will not be used in determining your qualifications.

8. TO BE COMPLETED BY APPLICANT PRINT CLEARLY

SOCIAL SECURITY NUMBER NAME (LAST, FIRST, MIDDLE INITIAL) ZIP CODE (HOME) DATE

ETHNIC ORIGIN SEX 0 Caucasian/Western European F Female 1 African American M Male 2 Asian/Pacific Islander 3 – Native American 4 – Hispanic/Latino 5 – Other

After receiving an offer of employment, you will be given an opportunity to self identify your status, if any, as a Handicapped/Disabled Individual, Vietnam Era or Special Disabled Veteran. Providing information about disability and/or veteran status is voluntary and will be used in accordance with applicable federal regulations.

NAME SOCIAL SECURITY NUMBER Security Information Addendum

Complete this form if you have checked the box marked "Yes" in Section 6 of the application to indicate that you have been convicted of a Criminal offense. Please note that a conviction will not necessarily disqualify you from employment; each case will be evaluated on its own facts and circumstances. Therefore, to assist the WE CAN FOUNDATION in making the necessary evaluation, provide as much detail as possible for each conviction listed, utilizing the guidelines provided below and completing each section of the form for each conviction listed.

CONVICTION 1

DATE OF CONVICTION		PLACE OF CONVICTION (Including city, county, and state)
NAME YOU WERE CONVICTED UNDER		
TYPE OF OFFENSE AND CIRCUMSTANCES THAT LED TO ARREST AND CONVICTION		
LEGAL DISPOSITION OF CASE (e.g., Did you receive any type of sentence, such as a fine, probation, or jail time? Are there charges still on your record? Etc.)		

CONVICTION 2

DATE OF CONVICTION		PLACE OF CONVICTION (Including city, county, and state)
NAME YOU WERE CONVICTED UNDER		
TYPE OF OFFENSE AND CIRCUMSTANCES THAT LED TO ARREST AND CONVICTION		
LEGAL DISPOSITION OF CASE (e.g., Did you receive any type of sentence, such as a fine, probation, or jail time? Are there charges still on your record? Etc.)		

CONVICTION 3

DATE OF CONVICTION		PLACE OF CONVICTION (Including city, county, and state)
NAME YOU WERE CONVICTED UNDER		
TYPE OF OFFENSE AND CIRCUMSTANCES THAT LED TO ARREST AND CONVICTION		
LEGAL DISPOSITION OF CASE (e.g., Did you receive any type of sentence, such as a fine, probation, or jail time? Are there charges still on your record? Etc.)		

PRINT NAME

SIGNATURE

Background Check Input Data Sheet

It is the policy of the WE CAN FOUNDATION to require an FBI and DOJ criminal background checks through LiveScan, and Social Security Number and name verification on all individuals being offered employment with the Foundation. If you are offered employment with the WE CAN FOUNDATION after having cleared the LiveScan background check, your Social Security Number and name will be verified with the Social Security Administration (SSA). Employment with the WE CAN FOUNDATION is contingent on receipt of an acceptable report from the SSA.

The information obtained during this process will be kept confidential and is only used by the Corporate Staffing Department for input and release to the designated agencies. The information is not released to any other party and is not considered when making initial hiring decisions.

Please complete the information below.

Print Name (Exactly as printed on your Social Security Card)

(Last, First, Middle):

I understand that I am required to secure LiveScan clearance; and that additional information required for processing will be requested at the time I am offered employment. The information I provide will not be released to any parties other than the FBI, DOJ and SSA, and will not be considered by the WE CAN FOUNDATION when making its initial hiring decision.

Signature Date

FOR HUMAN RESOURCES ONLY			
LIVE SCAN CLEARANCE DATE			
NUMBER	CAL DOJ / FBI		TB CLEARANCE DATE
MANDATORY TRAINING DATE			
LOCATION			
JOB TITLE	START DATE OF EMPLOYMENT	STARTING SALARY: \$	NEXT SCHEDULED REVIEW

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OFFICE USE ONLY

Name: _____ : Aliases: _____

Social Security Number: _____

Date of Birth: _____ Country of Citizenship: _____

M/F: _____ Date Verified: _____ Place of Birth: _____

SSN Valid – Y/N: _____ SSA Rep: _____

Race: _____ African American Asian/Pacific Islander Caucasian/Western European
Hispanic/Latino Native American
Other

Eye Color: _____ Hair Color: _____ Height: _____ Weight: _____

LiveScan Clearance #: _____ Date: _____

TB Clearance Date: _____

Staffing Rep: _____