



Employment Application

Position Applied for: _____ Application Date: _____

This is a legal document and it is mandatory that you complete all information even if you have a resume. Answer all questions completely in your handwriting in ink. If applicable, please provide five years of your employment history. Los Angeles Biomedical Research Institute at Harbor-UCLA Medical Center (LA BioMed), is an Equal Opportunity Employer. LA BioMed does not discriminate on the basis of race, color, religion, sex, national origin, age, disability, or any other characteristic protected by applicable state or federal civil rights laws.

1. PERSONAL INFORMATION

Last Name:	First:	Middle:	Email Address:
Current Street Address:		City, State and Zip:	Home Phone Number:
Are you able to perform the essential function of the position for which you are applying, either with or without reasonable accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No If necessary, please describe what type(s) of reasonable accommodations are needed			
Do you have the legal right to work and be employed in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No (Proof of identity and legal authority to work in the U.S. is a condition of employment.)			
Are you at least age 18? <input type="checkbox"/> Yes <input type="checkbox"/> No (If NO, proof of age and school work permits may be required prior to hiring.)			
If required for the position, do you have a valid California Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have a reliable means of transportation to and from work? <input type="checkbox"/> Yes <input type="checkbox"/> No			

2. EDUCATION INFORMATION

High School Graduate? Yes No If no, number of years completed in High School _____. Or GED Certificate Yes No

Name of Colleges or Schools Attended and Location, include City and State	Major Subject or Course of Study	Units Completed	Graduated	Degrees or Certificates Received
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Degree _____ <input type="checkbox"/> Certificate
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Degree _____ <input type="checkbox"/> Certificate
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Degree _____ <input type="checkbox"/> Certificate

3. SKILLS – Answer only if Applicable for the Position for Which You Are Applying

Typing Speed _____	10-Key _____ Keystrokes per minute	Foreign Language(s) acquired _____ Proficiency: <input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write	Grant Management Skills <input type="checkbox"/> Yes <input type="checkbox"/> No
Non-office machines or vehicles operated:		Office machines used:	
Lab instruments and techniques used:		List software programs and/or operating systems you have used along with years experience for each:	



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4. EMPLOYMENT INTERESTS

Date available to start: Full-time Part-time

Days and hours you are available to work:	Day of Week	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	From Time							
	To Time							

What interested you in the Institute?

Have you ever been convicted of a crime other than a traffic violation? Yes No (Pursuant to Section 432.8 of the California Labor Code, please do not provide any information concerning marijuana convictions for the following violations of the California Health and Safety Code that occurred two years or more from the date of this application: HS11357(b) or (c), HS11360(b), HS11364, HS11365, or HS11550. Do not disclose any referral to, or participation in, any pretrial or post-trial diversion program, any conviction for which the record has been judicially ordered sealed, expunged or statutorily eradicated, or any misdemeanor conviction for which probation has been completed and the case dismissed. (Note: a conviction will not necessarily bar an applicant from employment.) If yes, please explain and state the charge, the court, the date, and the disposition of the case:

Do you have friends or relatives working for LA BioMed? Yes No If yes, list name and relationship:

Have you ever worked for this Institute before? Yes No If yes, list dates:

Have you ever worked under a different name? Yes No If yes, list name(s):

Have you ever been asked to resign from a job or terminated involuntarily for any reason? Yes No If yes, explain:

Salary Desired:

How were you referred to our Institute or hear of the position for which you are applying? Walk-in, or
 Ad (where) _____ Employee Referral _____
 Internet (name) _____ Other _____

5. EMPLOYMENT/WORK INFORMATION

Please account for the last five years of employment history, all information requested for all of your jobs MUST be completed. Include self-employment, military service, and volunteer work. Account for any time during the last five years that you were not employed at the end of this section (do not describe any period during which you were not employed due to medical reasons.) Request an additional page if necessary.

CURRENT OR MOST RECENT EMPLOYER

From Mo./Yr.	To Mo./Yr.	Employer Name:	Street Address:	City, State, Zip:
Starting Rate of Pay:	Ending Rate of Pay:	Name employed under if different from that on application:	Position Held:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Supervisor's Name:	Phone (include area code): ()	Reason for leaving:	

Describe all of your significant duties:



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NEXT MOST RECENT EMPLOYER				
From Mo./Yr.	To Mo./Yr.	Employer Name:	Street Address:	City, State, Zip:
Starting Rate of Pay:	Ending Rate of Pay:	Name employed under if different from that on application:	Position Held:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Supervisor's Name:		Phone (include area code): ()	Reason for leaving:
Describe all of your significant duties:				
NEXT MOST RECENT EMPLOYER				
From Mo./Yr.	To Mo./Yr.	Employer Name:	Street Address:	City, State, Zip:
Starting Rate of Pay:	Ending Rate of Pay:	Name employed under if different from that on application:	Position Held:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Supervisor's Name:		Phone (include area code): ()	Reason for leaving:
Describe all of your significant duties:				
NEXT MOST RECENT EMPLOYER				
From Mo./Yr.	To Mo./Yr.	Employer Name:	Street Address:	City, State, Zip:
Starting Rate of Pay:	Ending Rate of Pay:	Name employed under if different from that on application:	Position Held:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Supervisor's Name:		Phone (include area code): ()	Reason for leaving:
Describe all of your significant duties:				
NEXT MOST RECENT EMPLOYER				
From Mo./Yr.	To Mo./Yr.	Employer Name:	Street Address:	City, State, Zip:
Starting Rate of Pay:	Ending Rate of Pay:	Name employed under if different from that on application:	Position Held:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Supervisor's Name:		Phone (include area code): ()	Reason for leaving:
Describe all of your significant duties:				
From Mo./Yr.	To Mo./Yr.	Reason for being unemployed		
From Mo./Yr.	To Mo./Yr.	Reason for being unemployed		
From Mo./Yr.	To Mo./Yr.	Reason for being unemployed		
From Mo./Yr.	To Mo./Yr.	Reason for being unemployed		



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5. ACKNOWLEDGMENT

Please read carefully and sign below

I hereby certify that the information contained in this application form is true and correct to the best of my knowledge and agree to have any of the statements checked by the Institute unless I have indicated to the contrary. I authorize the references previously listed, as well as all other individuals whom the Institute contacts, to provide the Institute any and all information concerning my previous employment and any other pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishings such information to the Institute as well as from any use or disclosure of such information by the Institute or any of its agents, employees, or representatives. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer or, if I am hired, my immediate dismissal from employment.

In consideration of my employment, I agree to conform to the rules and standards of the Institute. I further agree that my employment and compensation can be terminated at will, with or without cause, and with or without notice, at any time, either at my option or at the option of the Institute. I understand that no employee or representative of the Institute, other than its president, has the authority to enter into any agreement for employment for any specified period of time, or to make any express or implied agreement contrary to the foregoing. Further, the president of the Institute may not alter the at-will nature of the employment relationship or enter into any employment agreement for a specified time unless the president and I both sign a written agreement that clearly and expressly specifies the intent to do so. I agree that this shall constitute a final and fully binding integrated agreement with respect to the at-will nature of my employment relationship and that there are no oral or collateral agreements regarding this issue.

I understand that as a condition of employment I may be required to take a post-offer/pre-employment physical examination, which may include an alcohol and drug test. I further understand that at any time during my employment, I may be required to a take a physical examination which may include an alcohol and drug test if management reasonably suspects a condition exists that will prevent me from performing my job in a manner that does not endanger my own health or the safety and health of others. I authorize all providers of health care who examine me to disclose to the Institute or its agents, all medical information revealed during such examinations. I further authorize the Institute to disclose such information to any other persons if at any time others or myself put my medical condition at issue in any proceeding. In the event that I have a disability that will affect my ability to take the test, I will so inform the Institute so that a reasonable accommodation can be made. The Institute reserves the right to require medical documentation concerning the need for accommodation.

I also understand that all offers of employment are conditioned on the Institute’s receipt of satisfactory responses to reference requests and the provision of satisfactory proof of an applicant’s identity and legal authority to work in the United States.

I understand that this application is current for only 60 days. After 60 days, if I have not been hired and still wish to be considered for employment, it will be necessary to fill out a new application.

I hereby acknowledge that I have read the above statements and understand them. I certify that I, the undersigned applicant, have personally completed this application. I declare under penalty of perjury that the facts contained in the application (or any resume or other documents submitted) are true and complete to the best of my knowledge. I understand that any misrepresentations or omissions will disqualify me from further consideration for employment, and will be justification for my dismissal from employment, if discovered at a later date.

Applicant Signature:

Date:



LABioMed

Los Angeles
Biomedical
Research Institute
at Harbor-UCLA Medical Center

Equal Employment Opportunity Data

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 opportunity employment purposes, and it will not become part of your personnel record if Los Angeles Biomedical Research Institute hires you.

Name: _____ Date: _____

Position applying for: _____

Please place an "X" in the appropriate boxes below:

Gender: Male Female

Race/Ethnic Identification - The following definitions reflect the information required from federal contractor establishments by the U.S. Department of Labor, Office of Federal Contract Compliance Programs (OFCCP).

- American Indian or Alaskan Native** - A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Asian** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American** - A person having origins in any of the Black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander** - A person having origins in any of the original people of Hawaii, Guam, Samoa, or other Pacific Islands.
- Hispanic or Latino (All races)** - A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- Hispanic or Latino (White race only)** - A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, and of the White race.
- Hispanic or Latino (all other races)** - A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, and of any race other than White.
- White** - A person having origins in any of the original people of Europe, North Africa, or the Middle East.
- Race missing or unknown** - Applies to applicants only, where a resume or application that is screened is received without any racial or ethnic identification and no further contact is made with the applicant.

Government contractors must take affirmative action to employ and advance certain qualified individuals 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 such placement or accommodation, please check where applicable.

- Special Disabled Veteran** - means (A) a veteran who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Department of Veteran's Affairs for a disability (i) rated at 30 percent or more, or (ii) rated at 10 or 20 percent in the case of a veteran who has been determined under Section 3106 of the Title 38, U.S.C. to have a serious employment handicap or (B) a person who was discharged or released from active duty because of a service-connected disability.
- Veteran of the Vietnam-era** - means a person who: (A) served in the military, ground, naval or air service of the United States on active duty for a period of more than 180 days, and was discharged or released therefrom with other than a dishonorable discharge, if any part of such duty occurred: (i) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (ii) between August 5, 1964, and May 7, 1975, in all other cases; or (B) was discharged or released from active duty for a service-related disability if any part of such active duty was performed (i) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (ii) between August 5, 1964, and May 7, 1975, in all other cases.
- Newly Separated Veteran** - means those individuals hired within 12 months of their discharge or release from active duty.
- Other Eligible Veterans** - means veterans who served in the military, ground, naval or air service of the United States on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.

EMPLOYER USE ONLY

Entered in applicant tracking system: _____

Date: _____