



Office: St. Martin de Porres Center
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Employment Application

Personal

Date: _____ Position Applying For: _____

Name: (Last) _____ (First) _____ (Initial) _____

Address: _____ Email address _____

City: _____ State: _____ Zip: _____

Social Security # _____ Phone: _____ Cell: _____

Permanent address if different from present address:

Street: _____ City: _____ State: _____ Zip: _____

In case of emergency, Contact: _____ Phone: _____

Current employer: _____ Phone: _____

Can we contact you at work if necessary? Yes _____ No _____

Employment Preferences

Position applying for: _____

Days and hours available: _____

Will you work weekends? Yes _____ No _____ Overtime, if necessary? Yes _____ No _____

When are you able to start work? _____ Salary desired: _____

Information

Have you ever applied to or worked for ESGVCH before? Yes _____ No _____ (when) _____

Do you have any relatives working for ESGVCH? Yes _____ No _____

If yes, state name(s) and relationship _____

If hired, would you have a reliable means of transportation to and from work? Yes _____ No _____

If your job should require driving, do you have a car and a current driver's license? Yes _____ No _____ State _____

DL# _____

If hired, can you present evidence of your legal right to live and work in this country? Yes _____ No _____

Do you speak, write or understand any foreign language? Yes _____ No _____ Language: _____

Can you lift a minimum of 50 lbs? Yes _____ No _____

Can you sit and stand for a minimum of 2 hours at a time? Yes _____ No _____

Have you ever been convicted of a felony? Yes _____ No _____

If yes, please state nature of the crime(s), when and where convicted and disposition of the care:

(Note: Relevance of the offence to the position will be considered.)

Education, Training and Experience

High School _____ Years _____ Graduate? _____
College _____ Years _____ Degree? _____
Vocational/Business _____ Years _____ Diploma? _____

Work History: Starting with your current or most recent job, list last three employers.

Employer: _____ Supervisor: _____ Phone: _____ Date From: _____ To: _____

Work Performed: _____

Employer: _____ Supervisor: _____ Phone: _____ Date From: _____ To: _____

Work Performed: _____

Employer: _____ Supervisor: _____ Phone: _____ Date From: _____ To: _____

Work Performed: _____

Do you have any experience in working with the homeless/or similar population/ or desire to do social work in this field? Yes _____ No _____ Please Describe:

I UNDERSTAND THAT:

The Winter Shelter program is temporary and will not exceed 4 months employment.

I will be responsible for my own health protection and hygiene while working in/or for the Winter Shelter.

I can be dismissed from any job immediately for the following reasons:

- Insubordination to the Program Director or Shelter Director.
- Use of any alcohol or controlled substance while working in or around the shelter area.
Stealing or taking anything home with you that has been donated to the shelter without the permission of the Shelter administration.
- Sexual intimacy or any unprofessional behavior with shelter clients.
- Jeopardizing the health and/or safety of the staff or shelter clients.
- Not being at the assigned job on time or failure to adequately notify shelter administration of circumstances.
- Any omission, untrue or misstatement on this application shall be grounds for rejection of this application or immediate discharge if employed.

I fully understand the above conditions of employment.

Print Name: _____ Signature: _____

Date: _____

The ESGVCH has reviewed your application and has come to the following decision:

Signed: (Shelter Administrator) _____ Date: _____