

DREAM TEAM OF LA, INC. EMPLOYMENT APPLICATION

PLEASE NOTE: It is important that you complete all parts of the application. If your application is incomplete or does not clearly show the experience and/or training required, your application may not be accepted. If you have no information to enter in a section, please write N/A.

Name and Address							
Name (First, MI, Last)				Social Security Number			
Mailing Address							
City, State, and Zip Code							
Telephone				Alternate Phone			
How did you hear about the position?				Email			
Job Type							
Days/hours available to work							
† DSW	† Mon.	† Tues.	† Wed.	† Thurs.	† Fri.	† Sat.	† Sun.
I am seeking a:		† Full-time job		† Part-time job		† Full- or Part-time	
How many hours can you work weekly?				Can you work nights?		Date available to begin	
Additional Information							
Have you ever been employed by this organization in the past?						† Yes	† No
I certify that I am a U.S. citizen, permanent resident, or a foreign national with authorization to work in the United States.						† Yes	† No
Have you ever been arrested, charged with, pled guilty, pled nolo contendere or convicted of any crimes (including arrests, charges and convictions that have been expunged)?						† Yes	† No
If Yes, please explain:							
Do you have a driver's license? † Yes † No			Driver's license number		Issued in what state?		
Have you had any accidents during the past three years?						How many?	
Have you had any moving violations during the past three years?						How many?	

Education

School	Location (mailing address)	Years Completed	Major	Degree or Diploma
High School				

College or Business/Trade School

Military

Have you even been in the Armed Forces?	† Yes	† No	Date entered
Are you now a member of the National Guard?	† Yes	† No	Discharge date
Specialty			

Work Experience

Please list ALL work experience beginning with your most recent job held. Attach additional sheets if necessary.

Company	Name of last supervisor	Hrs/week
Address	Start Date	Starting Salary
City, State, and Zip Code	End Date	Final Salary
Phone number	Your last job title	

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact this employer? † Yes † No

Company	Name of last supervisor	Hrs/week
Address	Start Date	Starting Salary
City, State, and Zip Code	End Date	Final Salary
Phone number	Your last job title	

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact this employer? † Yes † No

Work Experience (continued)

Company	Name of last supervisor	Hrs/week
Address	Start Date	Starting Salary
City, State, and Zip Code	End Date	Final Salary
Phone number	Your last job title	
Reason for leaving (be specific)		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.		
May we contact this employer? † Yes † No		

References

Please include name, phone number, and circumstances of your acquaintance. Exclude relatives and former employers.

1.
2.
3.
4.

CERTIFICATION:

I certify that the information provided above is true and complete, to the best of my knowledge. I realize that misrepresentations in the information so provided (whether intentional or un-intentional) may result in rejection of my application or, if hired, in my immediate dismissal.

I authorize DREAM TEAM OF LA, INC. (hereinafter the "Company") to check all references from current and previous employers and any persons listed as a reference on this application that may be relevant to my employment or ability to perform the job for which I applied. I authorize the Company to verify the information furnished in the application including, but not limited to, criminal history and driving records.

I authorize all persons, schools, companies, and law enforcement authorities to release any information concerning my background and employment history that may be relevant to the evaluation of this application and I hereby release any such persons, schools, companies, and law enforcement authorities from any liability for damages whatsoever for issuing this information to this Company and/or its agents, and hereby release the Company for its receipt and use of such information.

I hereby acknowledge and agree that if employed by Company, such employment relationship is at-will; that is, I would be free to resign from the Company whenever I wish, and the Company is restricted from terminating any employee at any time for any or no reason.

I further understand that my employment with the Company will not be for any specific fixed period or term. At no time, shall any oral statement by management of the Company be construed as giving rise to or creating a contract of employment between the Company and me or any other employee, or to otherwise alter or modify the at-will nature of the employment relationship.

I understand that the Company prohibits the use or possession of controlled substances and/or alcohol on its premises as outlines in the Company's Drug and Alcohol Policy. As required by the Company's Drug and Alcohol Policy, I am willing to submit to a drug testing to detect the use of illegal drugs prior to and during employment.

This application will remain valid for only sixty (60) days. After this time, it will be necessary for you to fill out another application in order to be considered for employment.

DREAM TEAM OF LA, INC. is an equal opportunity employer of all qualified persons. **DREAM TEAM OF LA, INC.** does not discriminate on the basis of race, color, national origin, gender, region, handicap, or disability, age, veteran status or any other legally protected status or classification in any of its policies, procedures, or practices in compliance with the Title VII of the Civil Rights Act of 1964 (pertaining to race, color, region, gender, and national origin), Section 504 of the Rehabilitation Act of 1973 (pertaining to handicap), the American with Disabilities Act of 1990 (pertaining to disability), and the Age Discrimination in Employment Act of 1975 (pertaining to age). The non-discrimination policy covers hiring and employment at **DREAM TEAM OF LA, INC.**

I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that, should this application contain any false or misleading information, my application may be rejected or my employment with this company terminated.

Signature

Date

**CONSUMER REPORT DISCLOSURE
AND AUTHORIZATION**

In connection with my application for employment, and from time to time during my employment (if hired), I authorize Dream Team of LA, Inc. ("Dream Team") to obtain a consumer report and/or consumer investigative report from a consumer reporting agency. I understand this information, if obtained, may be used, in whole or in part, for the purpose of serving as a factor in establishing my eligibility for employment, promotion and/or continued employment. A consumer report may include, but not be limited to, information relating to credit standing, character, general reputation, personal characteristics, driving record, criminal history and mode of living.

I hereby release and hold harmless any person, firm, or entity that discloses matters in accordance with this authorization, as well as Dream Team from liability that might otherwise result from the request for use of and/or disclosure of any or all of the foregoing information.

I understand that, upon written request within a reasonable period of time, I may request disclosure of the nature of the investigation requested, if any. I also understand that I may request a copy of a written summary of the rights of a consumer under the Fair Credit Reporting Act.

I have read the above consumer report disclosure, and authorize Dream Team to obtain a consumer report.

NAME (PRINT)

SIGNATURE

DATE