Employment Center
Alumni Application

Name_____   _____-_____-_____

          Last   First   ID Number

Address_____ Soc.Sec.No._____

City_____ Zip Code_____ Date of Birth_____

Telephone: Cell (____)_____ Home (____)_____

E-mail Address _____

Mailing Address _____City_____Zip_____

Are you a U.S. Citizen? _____Yes _____No **if no**, are you a permanent resident? ____Yes _____No

_____Disabled   _____Veteran

Ethnicity: ____Asian ____Black (Non-Hispanic) ____White (Non-Hispanic) ____American Indian

          ____Islander _____Other (Non-White) ____Hispanic   ____Decline to State

Please list previously earned Certificate(s) and/or Degree(s):

_____ **Date** _____

_____ **Date** _____

What was your educational goal or objective when you entered LATTC? (Check all that apply)

_____Certificate _____License ____Job Skills _____AA/S_____AA/S-Transfer ____Transfer (no degree)

MAJOR _____ GPA _____
                                                    (Grade Point Average)

What did you receive? _____Certificate _____AA/S _____AA/S-T _____Date Received

Have you ever been convicted of a felony? ____Yes _____No
Do you have a valid CA driver's license? _____Yes _____No _____Regular _____Special
Method of transportation: _____Own vehicle _____Bus/Metro Other_____

Please indicate days/hours you can work:

Sun_____ Mon_____ Tues_____ Wed_____ Thurs_____ Fri_____ Sat_____
If an employer requires additional training, would you be willing to retrain? _____Yes _____No

Office Skills: Type (wpm)_____   Shorthand (wpm)_____   10-key by touch_____   Data Entry_____

Word Processing_____   Computer Languages/Software_____

Bilingual {language(s)} _____   Other skills_____

WORK EXPERIENCE

EMPLOYER NAME _____

Address_____ City_____ Zip_____

Job Title_____ Start Date_____ Ending Date_____

Salary $_____/Hour, Week, Month, Year   Full-Time_____   Part-Time_____

Duties:_____

Reason for leaving:_____

EMPLOYER NAME _____

Address_____ City_____ Zip_____

Job Title_____ Start Date_____ Ending Date_____

Salary $_____/Hour, Week, Month, Year   Full-Time_____   Part-Time_____

Duties:_____

Reason for leaving:_____

EMPLOYER NAME _____

Address_____ City_____ Zip_____

Job Title_____ Start Date_____ Ending Date_____

Salary $_____/Hour, Week, Month, Year   Full-Time_____   Part-Time_____

Duties:_____

Reason for leaving:_____

How did you hear about the Employment Center?

____Bulletin Board   ____Poster/Sign   ____Counselor   ____Student Handbook
____Class Schedule   ____Friend   ____Teacher   ____Other

I hereby authorize the Los Angeles Trade Technical College-Employment Center to release information contained in this application during the job search process. The information in this application is accurate, current and complete to the best of my knowledge. I understand that misstatements or omissions may result in disqualification from further consideration for job referral services.

Signature_____   Date_____