

**Digital Learning Academy
DLA**

Admissions Application

PERSONAL	Last Name	First	Middle	Today's Date
	Street Address			Home Telephone Number ()
	City, State, Zip			Mobile Number ()
	Do you have access to transportation that will enable you to attend the program? <input type="checkbox"/> No <input type="checkbox"/> Yes			Social Security Number
	The program requires a six (6) month commitment, Monday – Friday from 9am – 4pm. Will you be able to attend the program? <input type="checkbox"/> No <input type="checkbox"/> Yes			Email Address
	How did you hear about the YWCA Greater Los Angeles Digital Learning Academy Program?			
	Have you previously applied for the YWCA GLA Digital Learning Academy Program? <input type="checkbox"/> No <input type="checkbox"/> Yes – When? _____			
	Do you have the legal right to work in this country? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>(If admission is granted, you will be required to provide proof of right to work, i.e. alien registration or visa number)</i>			
	Do you speak any languages other than English? <input type="checkbox"/> No <input type="checkbox"/> Yes What language(s) do you speak fluently?			
	Is there anything that would prevent you from safely performing the duties for which you have applied? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please explain:			
INCOME ELIGIBILITY				
What is your household size? _____ What is your annual income? _____				
Are you or anyone in your household currently receiving or within the last twelve months received any form of public assistance, including food stamps? <input type="checkbox"/> No <input type="checkbox"/> Yes				
Is there a child or children in your household for whom state or local government payments are made, or a ward of the state or court? <input type="checkbox"/> No <input type="checkbox"/> Yes				
Is there a child or children in your household that qualify for free or reduced lunch at school? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>(If admission is granted, you may be required to provide documentation for verification of income eligibility.)</i>				

EDUCATION	School	Name & Location of School	Course of Study	No. of years Completed	Did you Graduate?	Degree/ Diploma	Year of Graduation
	Community College or University						
	Business or Trade						
	High School (required)						
	<input type="checkbox"/> Special Education <input type="checkbox"/> Sign Language List additional courses, seminars or preparation activities attended which relate to this training:						

CERTIFICATES

List special certification(s) you currently hold that are applicable to this position:

Professional or Educational Memberships:

MILITARY

Have you served in the U.S. Armed Forces?

No Yes Rank:

Branch of Service:

Date Entered:

Date Discharged:

Describe any training received relevant to the position for which you are applying that you received in the Armed Forces.

EMPLOYMENT

Please give accurate and complete employment record.
Start with your present or most recent employer.
Account for any periods of unemployment.

1	Company Name	Telephone ()
	Address	Employed – (State month and year) From: To:
	Name of Supervisor	Ending Salary:
	Job Title:	Reason for Leaving:
	Describe your Work:	May we contact: <input type="checkbox"/> No <input type="checkbox"/> Yes
2	Company Name	Telephone ()
	Address	Employed – (State month and year) From: To:
	Name of Supervisor	Ending Salary:
	Job Title:	Reason for Leaving:
	Describe your Work:	May we contact: <input type="checkbox"/> No <input type="checkbox"/> Yes
3	Company Name	Telephone ()
	Address	Employed – (State month and year) From: To:
	Name of Supervisor	Ending Salary:
	Job Title:	Reason for Leaving:
	Describe your Work:	May we contact: <input type="checkbox"/> No <input type="checkbox"/> Yes

4	Company Name	Telephone ()
	Address	Employed – (State month and year) From: To:
	Name of Supervisor	Ending Salary:
	Job Title:	Reason for Leaving:
	Describe your Work:	May we contact: <input type="checkbox"/> No <input type="checkbox"/> Yes

REFERENCES		List two (2) Professional and two (2) Personal
Name	Phone No.	How many years known

CRIMINAL RECORD
<p>Have you ever been convicted of a crime <i>other than</i> one of the following: (a) a motor vehicle infraction “traffic ticket”; (b) a misdemeanor that was judicially dismissed after the completion of probation; (c) a nonviolent drug possession offense where the conviction was set aside and the charges were judicially dismissed after the successful completion of drug treatment; (d) a conviction where the judicial record has been sealed, expunged, or eradication; or (e) a conviction more than two years ago for simple possession of marijuana or paraphernalia used for smoking marijuana, or for being present where marijuana was being used? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>If “Yes”, please state the nature of the crime(s), when and where convicted, and the disposition of the case:</p>
<p>Do you have any pending charges against you? <input type="checkbox"/> No <input type="checkbox"/> Yes Explain:</p>
<p><i>Note: An applicant will not necessarily be denied attending because of conviction of a criminal offense. The nature of the offense, when it took place, the surrounding circumstances and the relevance of the offense to the position applied for will, however, is considered.</i></p>

ACTIVITY DESCRIPTION

Tell us more about one of your extracurricular, volunteer, or employment activities (100-150 words).
If you need more space, please attach your response to the end of the application.

Word Count: _____

Signature _____

Date _____

Printed Name _____

EMERGENCY CARD

Last Name		First	Social Security No.	
Street Address		Cell Phone No.		Home Phone No.
City	State	Zip Code	Birth Date	

EMERGENCY CONTACT

Primary			Secondary		
Last Name	First Name		Last Name	First Name	
Street Address			Street Address		
City	State	Zip Code	City	State	Zip Code
Phone No.	Alternate Phone No.		Phone No.	Alternate Phone No.	

MEDICAL INFORMATION

(Optional/Highly Recommended)

Allergies:

Medical Condition(s):

Physician's Name & Phone:

Current Medication(s):

Authorization for Investigation and Release of Information

I have applied for enrollment with the YWCA Greater Los Angeles Digital Learning Academy Program. In connection with my application and any employment that may result, I authorize the YWCA Greater Los Angeles Digital Learning Academy Program to investigate my references, work record, education, criminal conviction record and all other matters related to my suitability for employment.

Enrollment for the class is accepted all year round so you are encouraged to submit an application to secure your acceptance into the program as soon as possible.

Upon receipt of these items the Admissions Committee will review your application and if selected you will be asked to attend an interview. All candidates will be notified if they are selected.

Signature _____

Date _____

Printed Name _____

YWCA – Executive Offices
1020 South Olive Street, Suite 700
Los Angeles, CA 90015
(213) 365-2991

Hollywood Studio Club
1215 Lodi Place
Los Angeles, CA 90038
(213) 516-3557

Applicant Data Record

Applicants are treated fairly during the employment process without regard to race, color, religion, gender, national origin, age, marital or veteran status, medical condition, disability, ancestry or any other legally protected status.

As employers/governmental contractors, we comply with government regulations, including affirmative action responsibilities when applicable.

Solely to help us comply with government record keeping, reporting and other legal requirements, we request that you please fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a **Confidential File**, separate from the Application for Employment. **YOUR COOPERATION IS VOLUNTARY.**

YOUR NAME:	DATE:
REFERRAL SOURCE	
<input type="checkbox"/> DLA Location <input type="checkbox"/> Working World Magazine <input type="checkbox"/> LA Sentinel <input type="checkbox"/> Facebook <input type="checkbox"/> Twitter <input type="checkbox"/> LinkedIn <input type="checkbox"/> YouTube <input type="checkbox"/> Employment Agency – Work Source <input type="checkbox"/> Employment Agency – EDD <input type="checkbox"/> Employment Agency – Other: _____ <input type="checkbox"/> YWCA GLA Website: _____ <input type="checkbox"/> Other: _____	
Referral's Name: _____ Referral's Phone: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> Last First Middle </div>	
Referral's Email Address: _____ Referral's Address: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Street City State Zip Code </div>	
VOLUNTARY SURVEY	
Government agencies at times require periodic reports on the gender, ethnicity, handicap, veteran and other protected status of applicants. This data is for analysis and affirmative action only. <i>SUBMISSION OF INFORMATION IS VOLUNTARY.</i>	
Check One: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Check one of the following Race/Ethnic Group: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Two or More Races	
Check if any of the following are Applicable: <input type="checkbox"/> Vietnam-Era Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Disabled Individual	