

# EMPLOYMENT APPLICATION

<b>PERSONAL DATA</b>				
Last Name	First Name	Middle Name	Date Application Completed	
Cell Phone (     )	Home Phone (     )		Email Address	
Address	City	State	Zip Code	Length of Residence
<b>JOB INTERESTS</b>				
Position Applying For:	How were you referred to us?	Date Available for Work?	Anticipated Wage:	
Why would you like to work for this community?				
<b>Please indicate your full availability below</b>				
<b>Work Status</b> <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> PRN (as needed)	<b>Shifts Available</b> <input type="checkbox"/> First Shift <input type="checkbox"/> Second Shift <input type="checkbox"/> Third Shift	<b>Days Available</b> <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday		
<b>EDUCATION</b>				
Circle the Highest level of education completed:	9 10 11 12   High School Diploma   Associate   Bachelors   Masters			
Name of College or Undergraduate Education / School:	Degree	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>LICENSE / CERTIFICATIONS / SKILLS</b>				
Type of License/Certification (s)	State of Issue	Expiration Date	License Number	Any restrictions or pending actions against license?
Type of License/Certification (s)	State of Issue	Expiration Date	License Number	Any restrictions or pending actions against license?
List any other experiences, skills, hobbies, or qualifications that may benefit our organization:				
<b>GENERAL INFORMATION</b>				
Are you legally authorized to work in the USA?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If you become an employee of this community you will be required to provide documentation proving your eligibility to work in the USA		
Do you have reliable transportation to work?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you at least 18 years old?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you excluded from Participation in Federal Health Care Programs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:		
Have you ever been bonded?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, for what job(s)?		
Have you been employed by this community or one of its sister communities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, give location and dates:		

## EMPLOYMENT HISTORY

Company Name (present or most recent employer)		Employment Dates	
		From:	To:
Company Address	City	State	Wage: \$ <input type="checkbox"/> Per Hour / <input type="checkbox"/> Annual
Supervisor's Name	Telephone Number (      )		May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving?			

Company Name (present or most recent employer)		Employment Dates	
		From:	To:
Company Address	City	State	Wage: \$ <input type="checkbox"/> Per Hour / <input type="checkbox"/> Annual
	Telephone Number (      )		May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving?			

Company Name		Employment Dates	
		From:	To:
Company Address	City	State	Wage: \$ <input type="checkbox"/> Per Hour / <input type="checkbox"/> Annual
Supervisor's Name	Telephone Number (      )		May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving?			

Company Name		Employment Dates	
		From:	To:
Company Address	City	State	Wage: \$ <input type="checkbox"/> Per Hour / <input type="checkbox"/> Annual
Supervisor's Name	Telephone Number (      )		May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving?			

## PROFESSIONAL REFERENCES (no relatives)

Name	Occupation	Phone Number	Email Address	Years Worked Together
1.				
2.				
3.				



## *Applicant Authorization*

### **PLEASE READ BEFORE SIGNING**

I understand that by submitting this application, I am applying for a job at Edgeworth Park at New Town (hereinafter known as the "Community"). I further understand that if hired, I will be employed by LCS Community Employment LLC (hereinafter known as the "Employer") which will exercise exclusive control over the terms and conditions of my employment. Any reference to the Community's location or use of its logo on application and employment materials or any reference to LCS or use of its logo on application and employment materials is for marketing and branding purposes, and is not intended to create an employment relationship. I understand that nothing contained in this application or in the interview process is intended to create an employment contract between the Employer or the Community or LCS and me. If I am employed by the Employer, I will be an employee-at-will. This means that both the Employer and I have the right to terminate my employment at any time, for any reason, with or without cause. I acknowledge that upon receiving an offer of employment, I will be required to successfully complete all pre-employment requirements such as a physical, PPD skin test, drug screen, background check, driving record check, OIG and references.

The Employer is an equal opportunity employer and makes all employment decisions without regard to race, color, national origin, religion, sex, age, disability or status as a disabled veteran or veteran of the Vietnam era. The facts set forth in my application for employment are true and complete. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_