



To: Applicants for Employment at The Lingenfelter Center

Certification:

Read this certification carefully. Your signature must be in ink and in the handwriting of the person submitting the application:

I hereby certify that I have answered all questions in this application truthfully.

I authorize The Lingenfelter Center to contact my former employers and other sources to verify the information I have given in this application.

I release any former employer or person who supplies information about me of any and all liability.

I understand that The Lingenfelter Center is an equal opportunity employer and does not discriminate based on race, color, religion, national origin, disability, or age.

I understand that the employment relationship between The Lingenfelter Center and its employees is *at will* and may be terminated by either party at any time, with or without cause. Employee manuals, newspapers, handbooks, or policy statements, if any, made by The Lingenfelter Center relating to employment are subject to change at any time and are not contracts of employment. Verbal or written representations contrary to this *at will* relationship are invalid, unless they are in writing and signed by an officer of The Lingenfelter Center.

I also understand that any false statements made by me in this application may subject me to denial of employment or immediate termination.

Applicant's Signature

Date

APPLICATION FOR EMPLOYMENT

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An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age or disability. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. PLEASE PRINT, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Job Applied for _____ Today's Date _____

Are you seeking: Full-time Part-time Temporary employment?

When could you start work? _____

Last Name	First Name	Middle Name	Telephone Number
Present Street Address	City	State	Zip Code
Are you 18 years of age or older? (If you are hired, you may be required to submit proof of age.)			Yes <input type="checkbox"/> No <input type="checkbox"/>
Social Security # (Optional) _____			
If hired, can you furnish proof you are eligible to work in the US?			Yes <input type="checkbox"/> No <input type="checkbox"/>

Have you ever applied here before? Yes No If yes, when? _____

Were you ever employed here? Yes No If yes, when? _____

Have you ever been charged with a misdemeanor or felony?
(Any falsification of this application will result in termination.) Yes No

If yes, give details _____
(A "Yes" answer does not automatically disqualify you from employment, since the nature of the offense, date, and the job for which you are applying is also considered.)

Are you now or do you expect to be engaged in any other business or employment? Yes No

If yes, please explain _____

WORK HISTORY

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. PLEASE GIVE MONTH AND YEAR.

Name of Employer	Supervisor
Address	Employed
	From (mo/yr) / To (mo/yr) /
City, State Zip Code	Pay
Telephone	Start \$ Final \$
Title	Reason for Leaving
Duties	

Name of Employer	Supervisor
Address	Employed
	From (mo/yr) / To (mo/yr) /
City, State Zip Code	Pay
Telephone	Start \$ Final \$
Title	Reason for Leaving
Duties	

Name of Employer	Supervisor
Address	Employed
	From (mo/yr) / To (mo/yr) /
City, State Zip Code	Pay
Telephone	Start \$ Final \$
Title	Reason for Leaving
Duties	

Name of Employer	Supervisor
Address	Employed
	From (mo/yr) / To (mo/yr) /
City, State Zip Code	Pay
Telephone	Start \$ Final \$
Title	Reason for Leaving
Duties	

REFERENCES

Have you worked or attended school under any other name?

Yes No

If yes, give names: _____

Are you presently employed?

Yes No

If yes, whom do you suggest we contact? _____

Have you ever been fired from a job or asked to resign?

Yes No

If yes, please explain: _____

Give three references, not relatives or former employers.

Name	Address	Phone

AFFIDAVIT

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I understand that the employer may request an investigative consumer report from a consumer reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, schools, and others. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre-and/or post-employment drug screen as a condition of employment, if required.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature consent to these statements.

Signature: _____

Date: _____

This application for employment will remain active for a limited time. Ask the organization representative for details.

The Lingenfelter Center

Release of Information

Date: _____

Name: _____

Address: _____

Phone: _____

Date of Birth: _____

By signing this release, I hereby authorize The Lingenfelter Center to verify my references with former employers.

Signature of Applicant

Date

.....
**Former Employer,
Please fill out this form and return to The Lingenfelter Center. Thank you for your cooperation in this matter.**

Name of former employee

Dates of employment

Rehire status (Yes or No)

Comments: _____



EMPLOYMENT VERIFICATION / REFERENCE CHECK

Attention: _____

Re: _____

1. What dates was he/she employed? From: _____ To: _____

2. How many days did he/she miss during the time of employment?

3. Is he/she re-hirable? Yes No

Comments _____

4. Was he/she reliable? Yes No

Comments _____

5. Would he/she be a good asset to The Lingenfelter Center

6. What skills did he/she perform and how well?

Comments _____

