

LAKEVIEW CHRISTIAN HOME APPLICATION FOR EMPLOYMENT

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, or other protected classification.

Name _____ Date _____
 last first middle

Address _____
 street city state zip

Telephone number _____ Are you over 17 years old? Yes No

Are you authorized to work in the U.S. on an unrestricted basis? Yes No

How did you learn of this opening? _____

Have you worked for Lakeview Christian Home before? Yes No

Are there any hours, shifts, days or holidays you cannot or will not work? _____

Shift preferred _____ Part-Time _____ Full-Time _____

Are you willing to work overtime as required? Yes No

Do you have a physical or medical condition which would limit your capacity for the job? Yes No

If yes, what can be done to accommodate your limitation? _____

Have you ever been convicted of a crime? Yes No (Conviction will not necessarily disqualify an application for employment.) If yes, describe conditions: _____

EDUCATION	Name and location of School	Major	Diploma/Degree
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High School

College/University

College/University

Other Training/Education

In addition to your work history (reverse side), what other experiences, skills, or qualifications would especially fit you for work with our company? _____

Positions Applied For 1. _____ 2. _____

Wage or salary desired? _____ When can you start? _____

WORK HISTORY

May we contact your present employer? Yes No

Most Recent Employer	Address	Telephone
Date Started	Starting Salary: \$ Per	Starting Position
Date Left	Salary on Leaving: \$ Per	Position on Leaving
Name and Title of Supervisor		
Description of Duties		Reasons for Leaving
Previous Employer	Address	Telephone
Date Started	Starting Salary: \$ Per	Starting Position
Date Left	Salary on Leaving: \$ Per	Position on Leaving
Name and Title of Supervisor		
Description of Duties		Reasons for Leaving
Previous Employer	Address	Telephone
Date Started	Starting Salary: \$ Per	Starting Position
Date Left	Salary on Leaving: \$ Per	Position on Leaving
Name and Title of Supervisor		
Description of Duties		Reasons for Leaving
Previous Employer	Address	Telephone
Date Started	Starting Salary: \$ Per	Starting Position
Date Left	Salary on Leaving: \$ Per	Position on Leaving
Name and Title of Supervisor		
Description of Duties		Reasons for Leaving

APPLICANT'S CERTIFICATION AND AGREEMENT

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements may result in dismissal. I authorize the Company to make an investigation of any kind of the facts set forth in this application.

I understand that employment at this Company is "at will," which means that either I or the company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager or administrator, except for the Board of Directors, has any authority to alter the foregoing.

Date _____ Applicant's Signature _____