



LANDERS CENTER

Application for Employment (PLEASE PRINT)

Position(s) Applied for _____ Date of Application _____

Name (as shown on Social Security Card) _____
(Last) (First) (Middle)

Address _____
(Street & Number, Route or P.O. Box Number) (City) (State) (Zip Code) (Email address)

Telephone # () Cell Phone # () Last four digits of Social Security ### ##

If you are under 18, and if required, can you furnish a work permit?..... Yes _____ No _____

If no, please explain _____

Have you ever been employed with Landers Center before?..... Yes _____ No _____

Are you legally eligible for employment in this country?..... Yes _____ No _____

Date available for work..... / / Hours available to work..... mornings _____ afternoons _____ evenings _____

Type of employment desired..... Full-Time _____ Part-Time _____ Temporary _____ Seasonal _____ Educational Co-Op _____

Are you able to meet the attendance requirements of the position?..... Yes _____ No _____

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime?..... Yes _____ No _____

If yes, please provide date(s) and details _____

CONVICTION WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT. EACH INSTANCE AND EXPLANATION WILL BE CONSIDERED IN RELATION TO THE POSITION FOR WHICH YOU ARE APPLYING.

Driver's license number if driving is an essential job function _____ State Issued _____

Do you know anyone who works at Landers Center? _____ Yes _____ No If yes, _____ Who _____ Relationship _____

EMPLOYMENT HISTORY (Begin with current or most recent employer) Provide the following information for your past three (3) employers.

FROM	TO	EMPLOYER	TELEPHONE
		JOB TITLE	ADDRESS
		IMMEDIATE SUPERVISOR AND TITLE	SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES
		REASON FOR LEAVING	HOURLY RATE/SALARY
		START \$	PER FINAL \$ PER

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An Equal Opportunity Employer

EMPLOYMENT HISTORY Continued

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JOB TITLE		ADDRESS		
IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES		
REASON FOR LEAVING		HOURLY RATE/SALARY		
		START \$	PER	FINAL \$ PER

MILITARY SERVICE: From _____ To _____ Rank at Discharge _____ Branch _____

SKILLS AND QUALIFICATIONS

Summarize any training, skills, licenses, and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying. _____

EDUCATIONAL BACKGROUND

	NAME AND LOCATION	YEARS COMPLETED	DID YOU GRADUATE?	COURSE STUDY
HIGH SCHOOL				
COLLEGE		MAJOR	DEGREE	
OTHER				

REFERENCES

NAME	OCCUPATION	ADDRESS	TELEPHONE	YEARS KNOWN

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service, whenever it is discovered.

I give the employer the right to contact and obtain information from all references, employers, and educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.

The employer does not unlawfully discriminate in employment and no questions on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state, or federal law.

This application is current for only 90 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without proper notice, and the employer reserves the same right to terminate my employment, at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by the board.

I understand it is this company's policy not to refuse to hire qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant _____ Date _____

DO NOT WRITE IN THIS BOX.

Interviewed by _____ Date of Interview _____

Base Rate of Pay \$ _____ Position _____