



**EMPLOYMENT APPLICATION
An Equal Opportunity Employer**

Name _____ Date _____

Address _____

City _____ State _____ Zip Code _____

Telephone(s) Home () _____ Cell () _____ Email _____

Position Applied for _____

How did you hear about this position? Advertisement Walk-In Referral (by whom?) _____
 Other (explain) _____

Are you related to any current employees of LPHS and if yes, who are you related to? _____

If offered employment, when can you be available to begin? _____

What type of employment will you accept? Full-Time Part-Time Temporary

Will you be available for evening work? Yes No

Will you be available to work weekends and/or holidays if necessary? Yes No

To qualify for employment, applicants must be at least 18 years of age unless otherwise specified in the job announcement. If offered employment, can you furnish proof of age?..... Yes No

After an offer of employment, can you submit verification of your legal right to work in the United States? Yes No

Do you have your high school diploma or GED? Yes No

EDUCATION RECORD

Did you graduate from high school or receive a GED certificate? Yes No

School Name	Location	Hours Earned	Diploma, Degree, or Certificate	Major Field of Study
Business/Technical/Vocational 1.				
2.				
College/University (Undergraduate) 1.				
2.				
Graduate School				

Applicant's Name _____

LICENSES (Optional, unless required for the position for which you are now applying.)

List current licenses, certifications, or registrations required for the position for which you are applying. Indicate types, state license numbers, and expiration dates.

Answer only if position requires.

Do you possess a valid driver's license? Yes No If yes, what state issued your license? _____

License expires _____ Class _____ Restrictions (if any) _____

OTHER INFORMATION

For positions that require typing: I certify that I can type at a speed of _____ WPM.

In addition to English, list any other language abilities you possess.

Verbal fluency in _____

Written fluency in _____

List any special skills you possess and/or equipment or office machines you can operate.

Have you ever been convicted of, pled guilty or nolo contendere to, or been granted deferred adjudication for a felony, misdemeanor, (excluding juvenile adjudication), or any lesser crime other than a minor traffic infraction? Yes No

If yes, list all such offenses and provide date, name of court, and disposition. Omission of information may be considered cause for disqualification for employment or result in termination of employment.

Have you ever been disciplined in your employment related to workplace violence? Yes No

If yes, please explain.

Do you presently use illegal drugs? Yes No

Have you ever been employed by LPHS? Yes No

If yes, please provide the following information: Position Title _____

Dates of Employment _____ Reason for Separation _____

Are you related to anyone who is currently employed by LPHS? Yes No

If yes, please provide the following information:

Related person's name _____ Relationship _____

Applicant's Name _____

EMPLOYMENT HISTORY

Provide information regarding all paid, military, and volunteer work which may be related to the position for which you are applying. Describe your most recent position first; then list other positions in order held, beginning with the most recent. Use a separate block for each position, even if with the same employer. Use additional sheets if necessary. Do **NOT** use references such as "See Résumé" in place of completing this section.

May we contact all employers listed? (Attach a list of any exceptions with an explanation.)..... Yes No

Present Employer _____ Present Position _____
Address _____ From (Mo/Yr) _____ To (Mo/Yr) _____
City _____ Full-Time (30+ hrs/wk) Part-Time (<30 hrs/wk)
State _____ Zip Code _____ Salary _____
Supervisor's Name/Title _____ Telephone (____) _____
Related Duties _____

Reason for Leaving _____

Employer _____ Position _____
Address _____ From (Mo/Yr) _____ To (Mo/Yr) _____
City _____ Full-Time (30+ hrs/wk) Part-Time (<30 hrs/wk)
State _____ Zip Code _____ Salary _____
Supervisor's Name/Title _____ Telephone (____) _____
Related Duties _____

Reason for Leaving _____

Employer _____ Position _____
Address _____ From (Mo/Yr) _____ To (Mo/Yr) _____
City _____ Full-Time (30+ hrs/wk) Part-Time (<30 hrs/wk)
State _____ Zip Code _____ Salary _____
Supervisor's Name/Title _____ Telephone (____) _____
Related Duties _____

Reason for Leaving _____

Applicant's Name _____

Employer _____ Position _____

Address _____ From (Mo/Yr) _____ To (Mo/Yr) _____

City _____ Full-Time (30+ hrs/wk) Part-Time (<30 hrs/wk)

State _____ Zip Code _____ Salary _____

Supervisor's Name/Title _____ Telephone (____) _____

Related Duties _____

Reason for Leaving _____

Employer _____ Position _____

Address _____ From (Mo/Yr) _____ To (Mo/Yr) _____

City _____ Full-Time (30+ hrs/wk) Part-Time (<30 hrs/wk)

State _____ Zip Code _____ Salary _____

Supervisor's Name/Title _____ Telephone (____) _____

Related Duties _____

Reason for Leaving _____

Please state below any other information that would be helpful in determining your qualifications for this position. You may include significant accomplishments, previous career highlights, or any other relevant information that is not requested in this employment application.

ACKNOWLEDGMENTS

Please **READ ALL** of the following statements and **INITIAL EACH** of the lines to indicate you have read and understand each of the statements. If you have any questions, contact the Program Director.

_____ All offers of employment and all information regarding compensation and other terms and conditions of employment will be made in writing. Verbal statements may not be relied upon.

_____ This application is the property of LPHS and will become part of my personnel file if I am hired.

_____ Employment at LPHS will be *at-will* unless specifically stated to be otherwise. *At-will* means that, should I obtain employment with LPHS, LPHS may terminate my employment with or without cause and with or without notice at any time. Nothing in this employment application shall eliminate or modify in any way the *employment-at-will* status of LPHS employees.

_____ I authorize LPHS to contact any employer or individual that I have listed on my employment application and/or résumé or mentioned during job interviews to obtain from them any relevant information regarding my previous employment, military service, criminal history, characteristics or traits necessary for job performance, or other relevant qualifications for employment and/or continued employment with LPHS. In addition, I authorize LPHS to conduct a background search which includes criminal history and military history. In addition, if the position for which I am applying requires driving a vehicle, I authorize LPHS to conduct a Department of Motor Vehicles (DMV) search. If the position for which I am applying involves contact with minors or with any persons having diminished capacity to care for themselves, a search of government sex offender registries may be conducted. I further authorize LPHS to contact any institution and/or licensing authority to verify my possession of education, licenses, and/or certificates which may qualify me for employment.

_____ In exchange for LPHS's consideration of my employment application, and/or any continued employment with LPHS, I authorize anyone possessing information which may relate to my qualifications for employment with LPHS to furnish it to LPHS upon request, and I release the organizations and all individuals providing the information or acquiring the information, including LPHS, from all claims, liability, and damages whatsoever claimed to be related to furnishing, obtaining, or using said information. This release applies to, but is not limited to, claims for defamation, libel, slander, infliction of emotional distress, and interference with current or prospective economic relations.

_____ I further understand this consent will apply during the entire course of my employment with LPHS should I obtain such employment. I understand and agree this consent shall remain in effect indefinitely.

_____ I hereby certify that all statements made in this application are true. I understand that any false statement of material facts herein may cause forfeiture on my part of all rights to any employment with LPHS. I understand that any misrepresentation, falsification, or material omission of information may result in my failure to receive an offer, or if I have been hired, in my dismissal from employment regardless of length of employment.

_____ I understand that neither this document nor any offer of employment from LPHS constitutes an employment contract unless a specific contract document is executed. I agree to undergo any job-related physical examination and drug screening upon conditional offer of employment. I further understand and agree that this paragraph applies to any information supplied by me at a later date as part of this application.

Additionally, my signature below certifies that the information provided is true and correct to the best of my knowledge.

Signature of Applicant _____ **Date** _____

Applicant's Name _____

References:

Please list three references. References cannot be related.

Name	Phone Number	Relationship