

# APPLICATION FOR EMPLOYMENT

Lincoln Self Reliance, Inc.

LSR is an Equal Opportunity Employer. We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE TYPE OR PRINT)

|  |                            |
|--|----------------------------|
| <b>Position(s) Applied For</b>   | <b>Date of Application</b> |
| <b>How did you learn about us?</b><br><input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Inquiry<br><input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative                      Other _____ |                            |

|                            |  |                    |                 |
|----------------------------|--|--------------------|-----------------|
| <b>Last Name</b>           | <b>First Name</b>                                | <b>Middle Name</b> |                 |
| <b>Physical Address</b>    | <b>City</b>                                      | <b>State</b>       | <b>Zip Code</b> |
| <b>Mailing Address</b>     | <b>City</b>                                      | <b>State</b>       | <b>Zip Code</b> |
| <b>Telephone Number(s)</b> | <b>Social Security Number (Voluntary)</b><br>- - |                    |                 |
| <b>Email Address</b>       |  |                    |                 |

Best time to contact you is: \_\_\_\_\_ : \_\_\_\_\_ AM/PM

Have you ever filed an application with us before?                       Yes                       No

If Yes, give date \_\_\_\_\_

Have you ever been employed with us before?                       Yes                       No

If Yes, give date \_\_\_\_\_

Do any of your friends/relatives work at, or receive services from, LSR, Inc.?                       Yes                       No

If Yes, state name, relationship and location \_\_\_\_\_

Are you currently employed?                       Yes                       No

May we contact your present employer?                       Yes                       No

Date available for work \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_                      What is your desired salary range? \_\_\_\_\_

Are you available to work:                       Full-Time                      (Please indicate: Mornings, Afternoons, Nights, Weekends)

Part-Time                      (Please indicate: Mornings, Afternoons, Nights, Weekends)

Temporary                      (Please indicate dates available \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_ / \_\_\_\_\_)

Can you travel if a job requires it?                       Yes                       No

**WORK EXPERIENCE**

Start with your present or last job, listing the three (3) most current. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

|                            |                                      |                 |  |
|----------------------------|--------------------------------------|-----------------|--|
| Employer                   | Dates Employed<br>From To            |                 | Work Performed   |
| Address                    |                                      |                 |  |
| Telephone Number(s)        |                                      |                 |  |
| Starting/Present Job Title | Hourly Rate/Salary<br>Starting Final |                 |  |
| Supervisor                 |                                      |                 |  |
| Reason For Leaving         |                                      | May We Contact? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

|                            |                                      |                 |  |
|----------------------------|--------------------------------------|-----------------|--|
| Employer                   | Dates Employed<br>From To            |                 | Work Performed   |
| Address                    |                                      |                 |  |
| Telephone Number(s)        |                                      |                 |  |
| Starting/Present Job Title | Hourly Rate/Salary<br>Starting Final |                 |  |
| Supervisor                 |                                      |                 |  |
| Reason For Leaving         |                                      | May We Contact? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

|                            |                                      |                 |  |
|----------------------------|--------------------------------------|-----------------|--|
| Employer                   | Dates Employed<br>From To            |                 | Work Performed   |
| Address                    |                                      |                 |  |
| Telephone Number(s)        |                                      |                 |  |
| Starting/Present Job Title | Hourly Rate/Salary<br>Starting Final |                 |  |
| Supervisor                 |                                      |                 |  |
| Reason For Leaving         |                                      | May We Contact? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Additional**

| Name of Employer | City/State | Dates Employed |    | Pay Rate |       | Reason for Leaving |
|------------------|------------|----------------|----|----------|-------|--------------------|
|                  |            | From           | To | Starting | Final |                    |
|                  |            |                |    |          |       |                    |
|                  |            |                |    |          |       |                    |
|                  |            |                |    |          |       |                    |

|   |
|---|
| <b>Describe any job related training, apprenticeship, skills or professional memberships:</b> |
|   |
|   |
|   |
|   |

| <b>EDUCATION</b>      |                        |                 |                     |                |
|-----------------------|------------------------|-----------------|---------------------|----------------|
| Type of School        | Name/Address of School | Course of Study | No. Years Completed | Diploma/Degree |
| High School           |                        |                 |                     |                |
| Undergraduate College |                        |                 |                     |                |
| Graduate/Professional |                        |                 |                     |                |
| Other/Specify         |                        |                 |                     |                |

**REFERENCES: List the names, addresses, and telephone numbers of at least three (3) individuals, not related to you or previous employers, who can provide information about your skills, abilities, education, and experience:**

- 1) \_\_\_\_\_  
\_\_\_\_\_
- 2) \_\_\_\_\_  
\_\_\_\_\_
- 3) \_\_\_\_\_  
\_\_\_\_\_

|  |  |
|--|--|
| <b>DRIVING RECORD</b>  |  |
| Do you have a valid Drivers License?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Number: _____  | Class: _____ Expires: _____                              |
| In the last five (5) years have you been the driver in an automobile accident? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Date (s): _____  | Location: _____  |
| Traffic Violations:  |  |
| Date (s): _____  | Location: _____  |
| Type: _____  |  |

Have you been listed on a child abuse/neglect registry in Wyoming or any other state?  Yes  No

If yes, please give specifics: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you been convicted of any felonies or misdemeanor offenses?  Yes  No

If yes, please give specifics: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Prior to or upon being hired for this position, background record reviews WILL be conducted on you via Victig with the FBI, DCI (Wyoming Division of Criminal Investigation), and DFS (Department of Family Services) registry review. Other background reviews may be conducted including a pre-employment drug screening.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING. (See enclosure - Essential Functions of Position)

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the primary duties involved in the job or occupation for which you have applied? A review of the primary duties involved in such a job or occupation has been given.  Yes  No

Did you complete this application yourself?  Yes  No

If no, who did and why? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING:**

I understand that any misrepresentation or falsifications may result in removal from consideration of employment. I give LSR, Inc. and its authorized agents permission to verify any job-related information given with this application.

I understand that I may be required to submit to drug and alcohol testing as part of the pre-employment process or as a condition of continued employment if hired by LRS, Inc.

**I UNDERSTAND THAT IF HIRED BY LSR, INC., I WILL BE AN AT WILL EMPLOYEE. THAT MEANS THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESSED OR IMPLIED CONTRACT OF EMPLOYMENT, OR CONTINUED EMPLOYMENT, NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME.**

**LSR REQUIRES ALL EMPLOYEES TO SIGN A NON-SOLICIT WORK AGREEMENT UPON HIRE DATE.**

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

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date