

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)

Position(s) Applied For	Date of Application						
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; padding: 5px;">How did you learn about us? Advertisement</td> <td style="width: 33%; padding: 5px;">Friend</td> <td style="width: 33%; padding: 5px;">Inquiry</td> </tr> <tr> <td style="padding: 5px;">Employment Agency</td> <td style="padding: 5px;">Relative</td> <td style="padding: 5px;">Other _____</td> </tr> </table>		How did you learn about us? Advertisement	Friend	Inquiry	Employment Agency	Relative	Other _____
How did you learn about us? Advertisement	Friend	Inquiry					
Employment Agency	Relative	Other _____					

Last Name	First Name	Middle Name
Physical Address	City	State
Mailing Address	City	State
Telephone Number(s)	Social Security Number (Voluntary) - -	
Email Address		

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 From To		Work Performed	
Address				
Telephone Number(s)				
Starting/Present Job Title	Hourly Rate/Salary Starting Final			
Supervisor				
Reason For Leaving		May We Contact? Yes No		

Employer	Dates Employed From To		Work Performed	
Address				
Telephone Number(s)				
Starting/Present Job Title	Hourly Rate/Salary Starting Final			
Supervisor				
Reason For Leaving		May We Contact? Yes No		

Employer	Dates Employed From To		Work Performed	
Address				
Telephone Number(s)				
Starting/Present Job Title	Hourly Rate/Salary Starting Final			
Supervisor				
Reason For Leaving		May We Contact? Yes No		

Additional

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

Describe any job related training, apprenticeship, skills or professional memberships:

EDUCATION				
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) _____

DRIVING RECORD

Do you have a valid Drivers License? Yes No

Number: _____ Class: _____ Expires: _____

In the last five (5) years have you been the driver in an automobile accident? Yes 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: _____		

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

<p>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)</p>		
<p>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.</p>		
	Yes	No

Did you complete this application yourself?	Yes	No
If no, who did and why? _____		

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING:

<p>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.</p>	
<p>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.</p>	
<p>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.</p>	
<p>LSR REQUIRES ALL EMPLOYEES TO SIGN A NON-COMPETE WORK AGREEMENT UPON HIRE DATE.</p>	
<p>I have read, understand and by my signature, consent to the proceeding statements.</p>	
<p>_____</p> <p>Signature of Applicant</p>	<p>_____</p> <p>Date</p>