

Lake Family Resource Center

896 Lakeport Blvd.
 Lakeport, CA 95453
 (707) 262-1611 (707) 262-0344 facsimile

Application for Employment

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.

PERSONAL	Last Name	First	Middle	Date
	Street Address			Home Telephone ()
	City, State, Zip			Business Telephone ()
	Position Desired			Social Security Number
	Are you willing to work: <input type="checkbox"/> Days <input type="checkbox"/> Nights <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> On-Call			When will you be available for work?
	If you are not a U.S. Citizen, do you have a legal right to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable			
	If yes, can you after employment submit proof of your legal right to work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable			
	Have you ever been convicted of a crime other than a traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes please explain _____			
	Note: Conviction is not an automatic bar to employment. Each case will be considered on it own merits.			
	Do you have or have you had a mental or physical disability which may require accommodation in the position for which your are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list: _____			
Other special training or skills (languages, machines operation, etc.)				

EDUCATION	School	Name and Location	Course of Study	No. of Years Completed	Did You Graduate?	Degree or Diploma
	Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Business/Trade/Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Elementary				<input type="checkbox"/> Yes <input type="checkbox"/> No		

Membership in Professional or Civic Organizations (Exclude those which may disclose your race, color, religion or national origin)

EMPLOYMENT

Please give accurate, complete, full-time and part-time employment record. Start with your present or most recent employer.

1	Company Name	Telephone ()
	Address	Employed – (State month and year) From To
	Name of Supervisor	Rate of Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving

2	Company Name	Telephone ()
	Address	Employed – (State month and year) From To
	Name of Supervisor	Rate of Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving

3	Company Name	Telephone ()
	Address	Employed – (State month and year) From To
	Name of Supervisor	Rate of Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.	DO NOT CONTACT
	Employer Number(s) _____ Reason _____

PLEASE LIST THREE PERSONAL REFERENCES		
	Name/Address	Telephone
1		
2		
3		

I certify that the information contained in this application is correct to the best of my knowledge and understand that falsification or misrepresentation of this information is grounds for dismissal in accordance with the policies of LFRC. I authorize all former employers, schools, listed above to give you any and all information concerning my previous employment, and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. In consideration of my employment, I agree to conform to the rules, regulations, policies and procedures of LFRC, and understand that my employment and compensation can be terminated, with or without cause, with or without notice, at any time, at the option of either the company or myself.

Signature

Date Signed