



APPLICATION FOR EMPLOYMENT

Position Desired: _____ [] Part Time [] Full Time Date: _____

Name _____
Last First Middle

Present Address _____ How long? _____
Number and Street City State Zip Years Months

Previous Address _____ How long? _____
Number and Street City State Zip Years Months

Telephone Number _____ Social Security Number _____

Email address _____

Have you ever worked for this company before? [] Yes [] No
If Yes, please give the date(s) and details: _____

Have you ever pled guilty or no contest to, or been convicted of a felony?
[] Yes [] No
If Yes, please give the date(s) and details: _____

Have you ever pled guilty or no contest to, or been convicted of a misdemeanor resulting in imprisonment within the last seven years?
[] Yes [] No
If Yes, please give the date(s) and details: _____

NOTE: Answering "Yes" to these questions does not constitute an automatic bar to employment. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account. (Do not include minor traffic citations and arrests or convictions which have been sealed or expunged in answering this question)

RECORD OF PREVIOUS EMPLOYMENT

Please list the names of your present or previous employers in chronological order with present or last employer listed first. Be sure to account for all periods of time including military service and any period of unemployment. If self-employed, give firm name and supply business references. (Add additional page if necessary)

| | | | | |
|---|---|--|---|---|
| Present or Last Employer _____ Address _____ City, State, Zip Code _____ Telephone _____ | Employed From: _____ (mo/yr) To: _____ (mo/yr) | Pay \$ _____ Start \$ _____ Final | Your Title or Position: _____ Name and Title of Last Supervisor: _____ | Exact Reason for Leaving: _____ _____ |
| Present or Last Employer _____ Address _____ City, State, Zip Code _____ Telephone _____ | Employed From: _____ (mo/yr) To: _____ (mo/yr) | Pay \$ _____ Start \$ _____ Final | Your Title or Position: _____ Name and Title of Last Supervisor: _____ | Exact Reason for Leaving: _____ _____ |

(PREVIOUS EMPLOYMENT, CONTINUED)

| | | | | |
|---|--|---|--|--|
| _____ Present or Last Employer _____ Address _____ City, State, Zip Code _____ Telephone | Employed From: _____ (mo/yr) To: _____ (mo/yr) | Pay \$ _____ Start \$ _____ Final | Your Title or Position: _____ Name and Title of Last Supervisor: _____ | <u>Exact Reason for Leaving:</u> |
| _____ Present or Last Employer _____ Address _____ City, State, Zip Code _____ Telephone | Employed From: _____ (mo/yr) To: _____ (mo/yr) | Pay \$ _____ Start \$ _____ Final | Your Title or Position: _____ Name and Title of Last Supervisor: _____ | <u>Exact Reason for Leaving:</u> |

Are you a son or daughter of a member of The Lakes? Yes No If Yes, whom _____

Have you ever been terminated or asked to resign from any job? Yes No
If Yes, please explain the circumstances: _____

Please explain fully any gaps in your employment history: _____

May we contact your current employer? Yes No If No, please explain: _____

Please indicate any actual experience, special training and qualifications that you have which you feel are relevant to the position for which you are applying: _____

Have you ever used another name? Yes No Is any additional information relative to change of name, use of an assumed name, or nickname necessary to enable a check on your work and educational record? If yes, please explain: _____

If hired, can you furnish proof that you are 18 years of age? Yes No

If hired, can you furnish proof that you are 16 years of age? Yes No

Do you have adequate transportation to and from work? Yes No

EDUCATION

| School Name | Years Completed (Circle) | Diploma/ Degree | Describe Course of Study or Major | Describe Specialized Training, Experience, Skills and Activities |
|--------------------------|--------------------------|-----------------|-----------------------------------|--|
| Elementary: | 4 5 6 7 8 | | | |
| High School: | 9 10 11 12 | | | |
| College/University: | 1 2 3 4 | | | |
| Graduate/Professional: | 1 2 3 4 | | | |
| Trade or Correspondence: | | | | |
| Other: | | | | |

PERSONAL REFERENCES

Please list persons who know you well - not previous employers or relatives

| Name | Occupation | Address (Street, City and State) | Telephone Number | Number of Years Known |
|------|------------|----------------------------------|------------------|-----------------------|
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THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF THIRTY (30) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND ACCURATE.

Date

Signature of Applicant