



EMPLOYMENT APPLICATION

Applicant Information

Full name: _____ Date: _____
Last First M.I.

Address: _____

City/State/Zip: _____

Email: _____ Phone: _____

Date Available: _____ S.S. no: _____ Desired salary: \$ _____

Position applied for: _____

Are you at least 18 years of age? Yes No If no, you must obtain a work permit.

Are you a citizen of the United States? Yes No

If no, are you authorized to work in the US? Yes No

Have you ever worked for Living Word Yes No If yes, when? _____

Have you ever been convicted of a crime or pleaded no contest for any offense or violation other than minor traffic violations?
Yes No If yes, explain: _____

Do you have any pending criminal charges against you?
Yes No If yes, explain: _____

Have you ever been convicted of a felony?
Yes No If yes, explain: _____

Do you have any health restrictions that would prevent you from working with young children? (such as lifting infants & toddlers, etc.)
Yes No If yes, explain: _____

How did you hear about the position? _____

Education

High school: _____

Address: _____

Years attended: _____ Did you graduate? Yes No Diploma: _____

College: _____

Address: _____

Years attended: _____ Did you graduate? Yes No Degree: _____

Other School: _____

Address: _____

Years attended: _____ Did you graduate? Yes No Degree: _____

References

Please list three professional references

Full name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____ Email: _____

Full name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____ Email: _____

Full name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____ Email: _____

Military Service

Branch: _____ Years of Service: _____

Rank at discharge: _____ Type of discharge: _____

If other than honorable, explain: _____

Employment History

Begin with most recent

Company: _____ Phone: _____

Address: _____

Job title: _____ Supervisor Name: _____

Starting Salary: \$ _____ Ending Salary: \$ _____ From: _____ To: _____

Responsibilities: _____

Reason for leaving: _____

May we contact your previous supervisor for a reference? Yes No

Company: _____ Phone: _____

Address: _____

Job title: _____ Supervisor Name: _____

Starting Salary: \$ _____ Ending Salary: \$ _____ From: _____ To: _____

Responsibilities: _____

Reason for leaving: _____

May we contact your previous supervisor for a reference? Yes No

Company: _____ Phone: _____

Address: _____

Job title: _____ Supervisor Name: _____

Starting Salary: \$ _____ Ending Salary: \$ _____ From: _____ To: _____

Responsibilities: _____

Reason for leaving: _____

May we contact your previous supervisor for a reference? Yes No

Company: _____ Phone: _____

Address: _____

Job title: _____ Supervisor Name: _____

Starting Salary: \$ _____ Ending Salary: \$ _____ From: _____ To: _____

Responsibilities: _____

Reason for leaving: _____

May we contact your previous supervisor for a reference? Yes No

Licenses & Training

Are you licensed with a group, association or society relating to the job for which you are applying?

Name of licensing organization if applicable: _____

Reg. #: _____ **State Issued:** _____ **Expiration Date:** _____

List any relevant training programs completed:

Provide any additional information you would like us to consider.

Disclaimer

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my termination.

I authorize Living Word to investigate my responses on this application and contact any or all former employers or any individuals familiar with me or my employment background for the purposes of verification of information I have provided and/or for the purpose of obtaining any information – favorable or unfavorable – about me or my employment. I voluntarily and knowingly release and hold harmless any person or entity that provides accurate information pertaining to my employment or me. I understand that if I am employed by Living Word, a background check, physical examination, and drug testing may be required. I further understand that if I am employed by Living Word, I will be required to provide satisfactory proof of identity and legal authorization to work within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment. If employed by Living Word, I agree to abide by all company rules, regulations and policies. I understand that my employment is considered “at will” as per State law.

Signature: _____ **Date:** _____