



Employment Application

Programs, services, and employment are equally available to everyone. Please inform the Human Resources Department if you require reasonable accommodation for the application or interview.

Date _____ Position applied for _____

Personal Information

Full Name _____ Social Security Number _____

Street Address _____ Apt. No. _____

City _____ State _____ Zip _____ Telephone No. _____

Cell No. _____ E-Mail Address: _____

Date available to start _____ Salary requirements _____

Have you ever worked at The Lifeline Program®? Yes No

If so, dates From _____ / _____ To _____ / _____ Position _____

Have you ever applied to The Lifeline Program®? Yes No

If so, when? _____

Can present employer be contacted? Yes No Do you have reliable transportation? Yes No

If you are under 18 and we require a work permit, can you furnish one? Yes No

If no, please explain _____

Are you a citizen of the United States? Yes No If not, do you have US Government documentation authorizing

you to work in the United States? Yes No

Type of employment desired Full-time Part-time Temporary Seasonal

Have you ever been convicted of a crime or pled "No Contest" on anything other than a routine traffic violation?

Yes No Pled No Contest If yes, or No Contest, Date of Conviction _____

Please explain _____

Conviction of a crime will not necessarily disqualify you from consideration for employment.

Skills and Experience

Please list any special qualifications, training, education, skills, or experience that you feel warrant consideration by the

company. _____

Education

Highest elementary or high school grade completed.

Did you graduate from high school? Yes No G.E.D.

1

Name and location of college, university, business or trade school

Full-time or part-time Major field of study

Degree conferred Hours credit

2

Name and location of college, university, business or trade school

Full-time or part-time Major field of study

Degree conferred Hours credit

Work Experience

1

Name of Present or Last Employer Type of Business

Address City State Zip

Starting Date (Mo./Yr.) / Leaving Date (Mo./Yr.) /

Starting Salary Final Salary Job Title

Name of Supervisor Type of Job Full-time Part-time

Job Description and Responsibilities

Reason for Leaving

Reference (Name, Number and Position held)

2

Name of Present or Last Employer Type of Business

Address City State Zip

Starting Date (Mo./Yr.) / Leaving Date (Mo./Yr.) /

Starting Salary Final Salary Job Title

Name of Supervisor Type of Job Full-time Part-time

Job Description and Responsibilities

Reason for Leaving

Reference (Name, Number and Position held)

3

Name of Present or Last Employer

Type of Business

Address

City

State

Zip

Starting Date (Mo./Yr.)

/

Leaving Date (Mo./Yr.)

/

Starting Salary

Final Salary

Job Title

Name of Supervisor

Type of Job

Full-time

Part-time

Job Description and Responsibilities

Reason for Leaving

Reference (Name, Number and Position held)

Signature

By signing this application for employment, I certify that I have read and understand all parts of it and certify that I have truthfully and completely answered all questions. I understand that falsification of any of the information given herein or on any other employment form is grounds for immediate termination, regardless of when such falsification may be discovered.

I authorize The Lifeline Program® and its representatives to investigate my education, employment experience, criminal conviction records, and all other aspects of my background relevant to my proposed employment, including all statements made by me in my application for employment.

Further, I understand my employment may be terminated at any time, with or without cause, at the option of either The Lifeline Program or myself. I understand that no employee or representative of The Lifeline Program has the authority to make any agreement which is contrary to the foregoing. If accepted for employment, I agree to comply with all company policies and procedures, and with all rules and regulations made known at the time of employment or any other time thereafter, and to perform all duties assigned to me to the best of my ability.

Signature _____ Date _____

The Lifeline Program® is an equal opportunity employer. All applications for employment will be considered without regard to race, color, religion, sex, national origin, disability, age (over the age of 40), or veteran status. This application will remain active for 45 days. After that time, it must be renewed by the applicant if he/she wishes to be reconsidered for employment.