



APPLICATION FOR EMPLOYMENT

Qualified applicants receive consideration on the basis of qualifications for the position without regard to race, color, sex, age, national origin, marital status, veteran status or disability. As a religious organization, this ministry is permitted and reserves the right to prefer employees on the basis of religion. Title VII, Section 702-703, v.s. Civil Rights Act of 1964. Applicant must hold lifestyle and core values principles which coincide with this organization's Statement of Faith.

Last Name	First Name	Middle Name	Date of Application	
Address: Number	Street	City	State	Zip
Telephone Number(s)		Email address		

- If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No
- Have you ever filed an application with us before? If Yes, give date: Yes No
- Have you ever been employed with us before? If Yes, give date: Yes No
- Are you currently employed? Yes No
- May we contact your present employer? Yes No

- Are you legally authorized to work in the United States? Yes No
- Do you require Sponsorship? (*Proof of citizenship or immigration status will be required upon employment.*) Yes No
- On what date would you be available to work? _____
- Are you available to work: () Full Time () Part Time
- Are you currently on "lay-off" status and subject to recall? Yes No
- Can you travel if a job requires it? (to meetings or training, etc) Yes No

APPLICATION FOR EMPLOYMENT – Continued

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

	Name and Address of school	Course of Study	Years Completed	Diploma /Degree Year of Completion
High School				
Undergraduate College				
Graduate Professional				
Other Specify				

Indicate any foreign languages you can speak, read and/or write.

	Fluent	Good	Fair
Speak			
Read			
Write			

Describe any specialized training, apprenticeship, skills and extracurricular activities.

APPLICATION FOR EMPLOYMENT – Continued

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, gender, national origin or disability.

1) Employer	Dates Employed: From _____ To _____	Work Performed:
Address		
Telephone Number(s)	Supervisor	Job Title
Reason for Leaving		
2) Employer	Dates Employed: From _____ To _____	Work Performed:
Address		
Telephone Number(s)	Supervisor	Job Title
Reason for Leaving		
3) Employer	Dates Employed: From _____ To _____	Work Performed:
Address		
Telephone Number(s)	Supervisor	Job Title
Reason for Leaving		
4) Employer	Dates Employed: From _____ To _____	Work Performed:
Address		
Telephone Number(s)	Supervisor	Job Title
Reason for Leaving		

APPLICATION FOR EMPLOYMENT - Continued

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held. (You may exclude membership which would reveal gender, race, national origin, age, ancestry or disability.)

Other Qualifications:
Summarize special job-related skills and qualifications
acquired from employment or other experience

Specialized Skills: Check Skills/Equipment Operated

- PC Microsoft Office Mac Calculator Quickbooks Phone Systems
- Leadership Nursing Medical Adm Database Adm Media
- Internet systems and setup Graphics Arts Social Networking Google Drive
- Bookkeeping Sales/Marketing Electrical / Plumbing / Carpentry
- Fundraising Administration Other Applications or Programs:

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner the essential functions involved in the job or occupation for which you have applied? __Yes __No

REFERENCES: Include 2 Professional and 1 Personal References

1. (Name) _____ (Phone) _____
(Address) _____
(Email) _____

2. (Name) _____ (Phone) _____
(Address) _____
(Email) _____

3. (Name) _____ (Phone) _____
(Address) _____
(Email) _____

Have you ever participated in, been accused or convicted of, or plead guilty or no contest to any type of abuse or sexual misconduct?

Yes No

I understand that if I am offered a position with Living Alternatives, I must agree to a background check from an outside company which follows FCRA guidelines.

Applicant's signature

Date

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed six months. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I understand and acknowledge that any employment relationship with this organization is of an "**at will**" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "**at will**" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the CEO of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations governing the ethical and moral values of this organization..

Signature of Applicant: _____ Date: _____

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview: Yes No

Remarks: _____

INTERVIEWER DATE

Employed: Yes No

Date of Employment: _____

Job Title: _____ Hourly Rate/Salary: _____

Department: _____ By: _____

Approved by: NAME, TITLE, DATE

Background check received and reviewed: _____

Notes:

