

LAKEVIEW CHRISTIAN HOME

LAKEVIEW CHRISTIAN HOME APPLICATION FOR EMPLOYMENT

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, or other protected classification.

Name _____ Date _____

Last First Middle

Address _____

Street City State Zip

Telephone number _____ Are you over 17 years old? Yes No

Are you authorized to work in the U.S. on an unrestricted basis? Yes No

How did you learn of this opening? _____

Have you worked for Lakeview Christian Home before? Yes No

Are there any hours, shifts, days or holidays you cannot or will not work? _____

Shift preferred _____ Part-Time _____ Full-Time _____

Are you willing to work overtime as required? Yes No

Do you have a physical or medical condition which would limit your capacity for the job? Yes No

If yes, what can be done to accommodate your limitation? _____

Have you ever been convicted of a crime? Yes No (Conviction will not necessarily disqualify an application for employment.) If yes, describe conditions: _____

EDUCATION	Name and location of School	Major	Diploma/Degree
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High School			
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College/University			
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College/University			
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Offer Training/Education			
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In addition to your work history (reverse side), what other experiences, skills, or qualifications would especially fit you for work with our company? _____

Positions Applied For 1. _____ 2. _____

Wage or salary desired? _____ When can you start? _____

WORK HISTORY

May we contact your present employer? Yes No

Most Recent Employer	Address	Telephone
Date Started	Starting Salary: \$ Per	Starting Position
Date Left	Salary on Leaving: \$ Per	Position on Leaving
Name and Title of Supervisor		
Description of Duties		Reasons for Leaving
Previous Employer	Address	Telephone
Date Started	Starting Salary: \$ Per	Starting Position
Date Left	Salary on Leaving: \$ Per	Position on Leaving
Name and Title of Supervisor		
Description of Duties		Reasons for Leaving
Previous Employer	Address	Telephone
Date Started	Starting Salary: \$ Per	Starting Position
Date Left	Salary on Leaving: \$ Per	Position on Leaving
Name and Title of Supervisor		
Description of Duties		Reasons for Leaving
Previous Employer	Address	Telephone
Date Started	Starting Salary: \$ Per	Starting Position
Date Left	Salary on Leaving: \$ Per	Position on Leaving
Name and Title of Supervisor		
Description of Duties		Reasons for Leaving

APPLICANT'S CERTIFICATION AND AGREEMENT

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements may result in dismissal. I authorize the Company to make an investigation of any kind of the facts set forth in this application.

I understand that employment at this Company is "at will," which means that either I or the company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager or administrator, except for the Board of Directors, has any authority to alter the foregoing.

Date _____ Applicant's Signature _____

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REFERENCES

Please list at least three (3) references, either from the employment or personal reference category.

Employment References

_____ Name	_____ Address	_____ Phone No
_____ Name	_____ Address	_____ Phone No
_____ Name	_____ Address	_____ Phone No

Personal References

_____ Name	_____ Address	_____ Phone No
_____ Name	_____ Address	_____ Phone No
_____ Name	_____ Address	_____ Phone No

LAKEVIEW CHRISTIAN HOME

1905 W Pierce St, Carlsbad, NM 88220 * 575-887-3947 * Fax 575-234-1901

EMPLOYMENT VERIFICATION

TO: _____ DATE: _____

RE: _____ SSN: _____

APPLICANT: Please read the following paragraph, sign your name, print your name and fill out today's date in the appropriate lines.

I understand that consideration for employment with this company is contingent upon the results of a reference and background check. I, therefore, authorize this company to investigate all statements made on my application for employment and to discuss the results of its investigation with those responsible for hiring. I further authorize the company to contact my former employer(s) and any listed references or other persons who can verify information, and I authorize these companies and/or persons named to give any information they have regarding me whether or not it is in their records, to this company. I release said companies/persons from any liability whatsoever for furnishing this information now or in the future.

 Signature of Applicant Printed Name Date

REFERENCE PROVIDER – PLEASE COMPLETE THE FOLLOWING INFORMATION

Job Title _____ Employed from _____ to _____

Reason for leaving _____

Rehire: Yes _____ No _____ If no, why? _____

Starting Salary: _____ Ending Salary: _____

Evaluation	Excellent	Good	Fair	Poor
Performance	_____	_____	_____	_____
Reliability	_____	_____	_____	_____
Cooperation	_____	_____	_____	_____
Quality of Work	_____	_____	_____	_____
Attitude	_____	_____	_____	_____

Other remarks _____

Date: _____

Signed: _____

Title: _____