APPLICATION FOR EMPLOYMENT

LAKE ST. LOUIS COMMUNITY ASSOCIATION

AN EQUAL OPPORTUNITY EMPLOYER.

LAST NAME	FIRST NAME	MIDDLE NAME	SOCIAL SECURITY #
STREET ADDRESS	CITY/STATE	ZIP CODE	PHONE NUMBER:
PREVIOUS ADDRESS:	STREET ADDRESS	CITY/STATE	ZIP CODE
EMAIL ADDRESS:		ARE YOU OVER 18 YEARS OF AGE? IF NOT, EMPLOYMENT IS SUBJECT TO VERIFICATION OF MINIMUM LEGAL AGE.	
IF HIRED, CAN YOU PROVIDE EVIDENCE OF LEGAL ELIGIBILITY TO WORK IN THE U.S.?		ANY OFFER OF EMPLOYMENT IS CONDITIONED UPON COMPLETEING FORM I-9 AND PROVIDING THE APPROPRIATE DOCUMENTS FOR IDENTITY AND WORK AUTHORIZATION.	
POSITION DESIRED?	WAGE/ SALARY DESIRED?	FULL TIME/ OR PART TIME?	DATE YOU CAN START?
NAME OF HIGH SCHOOL:	CITY & STATE:	GRADUATE:?	GED?
NAME OF COLLEGE:	CITY & STATE:	GRADUATE?	DEGREE AND MAJOR?
NAME OF TECH SCHOOL:	CITY & STATE:	GRADUATE?	STUDY?
ARE YOU PRESENTLY ENROLLED IN SCHOOL?		IF YES, GIVE NAME & ADDRESS WITH EXPECTED GRADUATION DATE:	

LIST ANY JOB-RELATED SKILLS AND/OR ACCOMPLISHMENTS, INCLUDING MILITARY SERVICE:

PROVIDE THREE REFERENCES WHO ARE NOT FORMER EMPLOYERS WHO WE MAY CONTACT

NAME & OCCUPATION	HOW DO YOU KNOW THEM & FOR HOW LONG?	PHONE NUMBER
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YOUR AVAILABILITY TO WORK

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
FROM:							
TO:							

YOUR EMPLOYMENT HISTORY
LIST NAMES OF EMPLOYEES WITH PRESENT OR LAST EMPLOYER LISTED FIRST

MAY WE CONTACT YOUR CURRENT EMPLOYERS BEFORE YOU ARE OFFERED A POSITION?	
NAME OF EMPLOYER:	JOB TITLE & DUTIES:
ADDRESS:	DATES OF EMPLOYMENT: FROM: TO:
CITY, STATE, & ZIP CODE	HOURLY PAY OR SALARY: STARTING: ENDING:

SUPERVISOR: TELEPHONE:	REASON FOR LEAVING:
NAME OF EMPLOYER:	JOB TITLE & DUTIES:
ADDRESS:	DATES OF EMPLOYMENT: FROM: TO:
CITY, STATE & ZIP CODE:	HOURLY PAY OR SALARY: STARTING: ENDING:
SUPERVISOR: TELEPHONE:	REASON FOR LEAVING:
NAME OF EMPLOYER:	JOB TITLE & DUTIES:
ADDRESS:	DATES OF EMPLOYMENT: FROM: TO:
CITY, STATE, & ZIP CODE	HOURLY PAY OR SALARY: STARTING: ENDING:
SUPERVISOR: TELEPHONE:	REASON FOR LEAVING:

CAREFULLY READ EACH STATEMENT BEFORE SIGNING AT THE BOTTOM

I CERTIFY THAT ALL OF THE INFORMATION PROVIDED IN THIS EMPLOYMENT APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE, AND I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION, INCLUDING A CRIMINAL BACKGROUND, CREDIT HISTORY CHECK, AND DRUG TEST, AS APPLICABLE. I UNDERSTAND THAT ANY FALSE OR INCOMPLETE INFORMATION MAY DISQUALIFY ME FROM FURTHER CONSIDERATION FOR EMPLOYMENT AND MAY RESULT IN MY IMMEDIATE DISCHARGE IF DISCOVERED AT A LATER DATE.

I AUTHORIZE THE INVESTIGATION OF ANY OR ALL STATEMENTS CONTAINED IN THIS APPLICATION AND ALSO AUTHORIZE ANY PERSON, SCHOOL, CURRENT EMPLOYER, PAST EMPLOYERS, AND OTHER ORGANIZATIONS TO PROVIDE INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND OTHER RELEVANT INFORMATION THAT MAY BE USEFUL

IN MAKING A HIRING DECISION. I RELEASE SUCH PERSONS AND ORGANIZATION FROM ANY LEGAL LIABILITY IN MAKING SUCH STATEMENTS.

I HAVE READ, UNDERSTAND, AND AGREE TO THE ABOVE STATEMENTS.

_____ _____
SIGNATURE   DATE

POST EMPLOYMENT INFORMATION FORM

TO BE COMPLETED AFTER EMPLOYEE HAS BEEN HIRED

BIRTH DATE:	
CIRCLE ONE: MARRIED SINGLE SEPARATED DIVORCED WIDOWED	
NAME OF SPOUSE:	SPOUSE OCCUPATION:
NAME OF COMPANY:	TELEPHONE TO BE REACHED AT:

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY	
NAME:	TELEPHONE:
ADDRESS:	RELATIONSHIP:

TO BE COMPLETED BY EMPLOYER		
DATE OF EMPLOYMENT:	JOB TITLE:	LOCATION:
STARTING SALARY:	FULL TIME ____ PART TIME_____ SALARIED_____	
APPLICANT'S SIGNATURE ACKNOWLEDING ABOVE INFORMATION:		
NAME OF PERSON AUTHORIZING EMPLOYMENT:		