



Application for Employment

(Please attach resumé if available)

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, disability, religion, marital status, sexual orientation, ancestry or veteran status. ADA/EOE.

Today's Date: _____ Date available for employment: _____

Name: _____
 Last First Middle

Address: _____
 Street City
 State Zip

Phone: _____ / _____
 Home Business

Position Applied for: _____ Full Time or Part Time? _____

Salary Desired: _____ Are you legally permitted to work in the U.S.? Yes No

Have you previously applied for a position at LUK?: Yes No

Have you been an employee/volunteer/student at LUK in the past? Yes No If yes, please explain.

Education:

School	Name & Address of School	Course of Study	Years Attended	Diploma/Degree
High School				
Undergraduate College				
Graduate/ Professional				
Other (Specify)				

Could you provide education verification if requested? Yes No

Employment History

(You may include military service assignments and any verifiable work performed on a voluntary basis.)

Employer:	Dates Employed:	Work Performed, Responsibilities: <hr/> Whom to contact for references Telephone #
Address:	Start Date: _____ End Date: _____	
Job Title:	Salary:	
Supervisor:	Start Amt.: \$ _____ End Amt.: \$ _____	
Reason for Leaving:		

Employer:	Dates Employed:	Work Performed, Responsibilities: <hr/> Whom to contact for references Telephone #
Address:	Start Date: _____ End Date: _____	
Job Title:	Salary:	
Supervisor:	Start Amt.: \$ _____ End Amt.: \$ _____	
Reason for Leaving:		

Employer:	Dates Employed:	Work Performed, Responsibilities: <hr/> Whom to contact for references Telephone #
Address:	Start Date: _____ End Date: _____	
Job Title:	Salary:	
Supervisor:	Start Amt.: \$ _____ End Amt.: \$ _____	
Reason for Leaving:		

May we contact your current/past employers at this time? Yes No

Membership in Professional or Civic Organizations: (You are not required to include organizations indicating race, color, sex, religion, national origin, etc.)

Licenses:

Professional licenses or Registrations	Type	Registration	Date Expired	State

Could you provide license verification if requested? Yes No

References: Please list three (3) professional/personal references whom we may contact. (Name/Address/Phone.) Do not include family members.

Name	Address	Phone Number

I hereby affirm that the information provided on this application (and resume submitted) is true and complete. I understand that any false or misleading representations or omissions may disqualify me from further consideration for employment and may result in dismissal if discovered at a later date.

I understand that the completion of this application does not assure me a position with LUK Crisis Center, inc. I also understand that neither this application nor any other document constitutes a contract of employment for a specific term and that any employment relationship that may be established will be "at will" and may be terminated at any time, with or without cause, by me or LUK Crisis Center, inc. I understand that no representative of LUK Crisis Center, inc. has the authority to enter into an agreement for employment with me contrary to the foregoing.

I hereby authorize the LUK Crisis Center, inc. to investigate all information pertinent to my application in order to determine my qualifications for employment. I hereby authorize all persons and organizations having information relevant to my application to provide that information to the LUK Crisis Center, inc. and I hereby agree to hold harmless the LUK Crisis Center, inc. and all those providing information to it from any liability arising out of or as a result of the provision or use of such information. I understand that the offer of employment may be rescinded if my references are inadequate to the LUK Crisis Center, inc.

Signature of Applicant: _____

Date: _____