APPLICATION FOR EMPLOYMENT

Please fill in both sides of application

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, or handicap.

PERSONAL

Last Name	First	Middle	Date
Street Address			Home Phone
City, State, Zip			Alternate Phone
Position Desired		How did you hear about our agency?	
Have you ever been interviewed for employment with us? ☐ Yes ☐ No If Yes: Month _____ Year_____		Position:	Pay Expected
Apart from absence for religious observances, are you available for full-time work? ☐ Yes ☐ No If not, what hours can you work?			Will you work overtime if asked? ☐ Yes ☐ No
Are you legally eligible for employment in the United States? ☐ Yes ☐ No			When will you be available to begin work?

EDUCATION

SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
College				☐ Yes ☐ No	
High				☐ Yes ☐ No	
Elementary				☐ Yes ☐ No	

Please list other special training or skills that you believe qualify you for the position.

MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS

(Exclude those which may disclose your race, color, religion, or national origin.)

Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged, or sealed by a court? ☐ Yes ☐ No If Yes, describe in full.

State names of relatives and friends working for us other than your spouse.

Do you have a family member (parents, spouse, brother, sister, son, daughter, father or mother-in-law, brother or sister-in-law, son or daughter-in-law) who serves on *Life*Time's Board of Directors?

Besides the local newspaper, where have you looked for job openings?

EMPLOYMENT HISTORY

Please give accurate, complete full-time and part-time employment record.
Start with present or most recent employer.

1

Company Name		Phone Number
Address		Employed (State Month and Year) From To
Name of Supervisor	Your Name While Employed	Weekly Pay Start Last
State Job Title, and Describe Your Work		Reason for Leaving

2

Company Name		Phone Number
Address		Employed (State Month and Year) From To
Name of Supervisor	Your Name While Employed	Weekly Pay Start Last
State Job Title, and Describe Your Work		Reason for Leaving

3

Company Name		Phone Number
Address		Employed (State Month and Year) From To
Name of Supervisor	Your Name While Employed	Weekly Pay Start Last
State Job Title, and Describe Your Work		Reason for Leaving

4

Company Name		Phone Number
Address		Employed (State Month and Year) From To
Name of Supervisor	Your Name While Employed	Weekly Pay Start Last
State Job Title, and Describe Your Work		Reason for Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.

DO NOT CONTACT	
Employer Number(s):	Reason:

REFERENCE

List 3 References other than family members or former employers.

Name	Name	Name
Address	Address	Address
Phone #	Phone #	Phone #

4/09, 10/12, 2/13, 08/17