

2009-2010



## APPLICATION FOR EMPLOYMENT



**EMPLOYEE APPLICATION**  
REVISED AND EDITED MARCH 2009



## APPLICATION FOR EMPLOYMENT

Date: \_\_\_\_\_

S.S. # \_\_\_\_\_

### PERSONAL INFORMATION

ANSWER ALL QUESTIONS COMPLETELY WHETHER OR NOT YOU PROVIDE A RESUME PLEASE PRINT.

NAME \_\_\_\_\_  
(Last) (First) (Middle)

ADDRESS \_\_\_\_\_  
(Street) (City) (State) (Zip)

PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ MARITAL STAUS \_\_\_\_\_

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE UNITED STATES? Yes  No   
IF NOT PLEASE PROVIDE VERIFICATION OF YOUR IMMIGRATION STATUS.

ARE YOU 18 YEARS OR OLDER? Yes  No

### APPLICANT INFORMATION

POSITION APPLIED FOR \_\_\_\_\_

WOULD YOU PREFERR TO WORK FULL TIME  PART TIME  TEMPORARY

WHEN ARE YOU AVAILABLE TO BEGIN WORK \_\_\_\_\_ DESIRED SALARY \_\_\_\_\_

ARE THERE ANY HOURS OR DAYS YOU CANNOT OR WILL WORK?  
\_\_\_\_\_  
\_\_\_\_\_

ARE YOU WILLING TO WORK OVERTIME AS REQUIRED?

Yes  No

ARE YOU A PART OF THE U.S. ARMED FORCES? Yes  No  IF YES, WHICH BRANCH?

\_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR ANY CRIME INVOLVING MORAL TURPITUDE WITHIN THE PAST 7 YEARS? Yes  No

DATE OF CONVICTION: \_\_\_\_\_ NATURE OF OFFENSE: \_\_\_\_\_

IF YES, PLEASE EXPLAIN (CONVICTION WILL NOT NECESSARILY DISQUALIFY APPLICANT FOR EMPLOYEMENT)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HAVE UPI EVER BEEN ARRESTED, CHARGED, AND SENTENCED FOR THE COMMISSION OF ANY FELONY, OR ANY CRIME INVOLVING MORAL TURPITUDE, WHERE FIRST OFFENDER TREATMENT WAS GRANTED, WHERE AN ADJUDICATION OF GUILT OR SENTENCING WAS WITHHELD, OR WHERE YOU ENTERED A PLEA OF *NOLO CONDENDERE*?

Yes  No

DATE OF SENTENCING: \_\_\_\_\_ NATURE OF OFFENSE: \_\_\_\_\_

IF YES, PLEASE EXPLAIN (SENTENCING WILL NOT NECESSARILY DISQUALIFY APPLICANT FOR EMPLOYEMENT)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DO YOU HAVE MEMBERS OF YOU HOUSEHOLD OR RELATIVES CURRENTLY EMPLOYEED BY LIGHTHOUSE FAITH-N-ACTION MINISTRIES, INC.?

Yes  No  (IF YES, PLEASE PROVIDE THE FOLLOWING INFORMATION)

### EDUCATION AND TRAINING

PLEASE COMPLETE THE FOLLOWING INFORMATION REGARDING YOUR EDUCATIONAL EXPERIENCE. ATTACH ADDITIONAL SHEET IF NECESSARY.

| EDUCATION                         | NAME AND LOCATION OF SCHOOL | YEARS ATTENDED | GRADUATED | COURSE OR MAJOR |
|-----------------------------------|-----------------------------|----------------|-----------|-----------------|
|                                   |                             |                |           |                 |
| HIGH SCHOOL                       |                             |                |           |                 |
| COLLEGE                           |                             |                |           |                 |
| TRADE, BUSINESS OR CORRESPONDENCE |                             |                |           |                 |

PLEASE LIST ANY ADDITIONAL INFORMATION THAT RELATES TO YOUR WORK ABILITY TO PERFORM THE JOB FOR WHICH YOU HAVE APPLIED, SUCH AS SPECIAL TRAINING MACHINE OPERATIONS, HOBBIES, AND LANGUAGES ETC.

\_\_\_\_\_  
\_\_\_\_\_

**SKILLS**

COMPUTER SKILLS (PLEASE CHECK YOUR SKILL LEVEL)

- |                                           |                                   |                                       |                                   |
|-------------------------------------------|-----------------------------------|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> MICROSOFT OFFICE | <input type="checkbox"/> BEGINNER | <input type="checkbox"/> INTERMEDIATE | <input type="checkbox"/> ADVANCED |
| <input type="checkbox"/> EXCEL            | <input type="checkbox"/> BEGINNER | <input type="checkbox"/> INTERMEDIATE | <input type="checkbox"/> ADVANCED |
| <input type="checkbox"/> POWERPOINT       | <input type="checkbox"/> BEGINNER | <input type="checkbox"/> INTERMEDIATE | <input type="checkbox"/> ADVANCED |
| <input type="checkbox"/> OUTLOOK          | <input type="checkbox"/> BEGINNER | <input type="checkbox"/> INTERMEDIATE | <input type="checkbox"/> ADVANCED |
| <input type="checkbox"/> INTERNET         | <input type="checkbox"/> BEGINNER | <input type="checkbox"/> INTERMEDIATE | <input type="checkbox"/> ADVANCED |

OTHER

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**EMPLOYMENT HISTORY**

COMPLETE IN CHRONOLOGICAL ORDER STARTING FROM MOST RECENT EMPLOYER.  
PLEASE ATTACH ADDITIONAL PAPER IF NEEDED. DO NOT SUBSTITUTE RESUME FOR THIS SECTION

|                              |                                 |
|------------------------------|---------------------------------|
| PRESENT OR PREVIOUS EMPLOYER | DATES OF EMPLOYEMENT<br>FROM TO |
| ADRESS                       | TELEPHONE                       |
| JOB TITLE AND DUTIES         | STARTING SALARY                 |
| REASON FOR LEAVING           | ENDING SALARY                   |
| PRESENT OR PREVIOUS EMPLOYER | DATES OF EMPLOYEMENT<br>FROM TO |
| ADRESS                       | TELEPHONE                       |
| JOB TITLE AND DUTIES         | STARTING SALARY                 |
| REASON FOR LEAVING           | ENDING SALARY                   |
| PRESENT OR PREVIOUS EMPLOYER | DATES OF EMPLOYEMENT<br>FROM TO |
| ADRESS                       | TELEPHONE                       |
| JOB TITLE AND DUTIES         | STARTING SALARY                 |
| REASON FOR LEAVING           | ENDING SALARY                   |

PLEASE LIST ANY PERSONAL OR WORK RELATED REFERENCES BELOW

|              |
|--------------|
| NAME:        |
| ADDRESS:     |
| OCCUPATION:  |
| YEARS KNOWN: |
| PHONE/EMAIL: |
| NAME:        |
| ADDRESS:     |
| OCCUPATION:  |
| YEARS KNOWN: |
| PHONE/EMAIL: |
| NAME:        |
| ADDRESS:     |
| OCCUPATION:  |
| YEARS KNOWN: |
| PHONE/EMAIL: |

**EMERGENCY CONTACT**

|                                                      |                           |              |
|------------------------------------------------------|---------------------------|--------------|
| IN THE EVENT OF AN EMERGENCY, WHO SHOULD WE CONTACT? |                           |              |
| NAME                                                 | RELATIONSHIP TO APPLICANT | PHONE NUMBER |
| _____                                                | _____                     | _____        |
| (LAST) (FIRST)                                       |                           |              |
| NAME                                                 | RELATIONSHIP TO APPLICANT | PHONE NUMBER |
| _____                                                | _____                     | _____        |
| (LAST) (FIRST)                                       |                           |              |

IF YOU ARE ELIGIBLE, ARE YOU INTERESTED IN HEALTH INSURANCE? Yes

**THE LIGHTHOUSE FAITH-N-ACTION MINISTRIES INC. IS AN EQUAL OPPORTUNITY EMPLOYER**

The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, gender, religion, or national origin. The Age of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age but less than 70. Title 1 provisions of the Americans With Disabilities Act of 1990 discrimination against qualified individuals with disabilities in job application procedures.

The Lighthouse Faith-N-Action Ministries Inc. is dedicated to the achievement of equality for all of its associates and applicants for employment. This broadly interpreted policy not only prohibits discrimination on the basis of race, color, religion, sex, age, national origin, disability, veteran status or any protected category under state, local, or federal law, but also ensures that qualified individuals will be given the opportunity to join the Lighthouse Faith-N-Action Ministries Inc. and progress within the organization in accordance with their own abilities.

**ACKNOWLEDGEMENT (PLEASE READ CAREFULLY)**

I hereby certify that the information contained in this application form and in any attachments listed below (hereafter made a part of this application) is true and correct to the best of my knowledge and agree to have any of the statements checked by the organization unless I have indicated to the contrary. I authorize the references listed about to provide the origination any and all information concerning my previous employment and any pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to the organization as well as from the use or disclosure of such information by the organization or any of its agents, employees, or representatives. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer or, if I am hired, in my dismissal from employment.

**ATTACHMENTS:**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE