

Living Light International

APPLICATION FOR EMPLOYMENT

Living Light is an equal opportunity employer, and we do not and will not discriminate on the basis of race, religion, national origin, sex, age, handicap, marital status, or status as a disabled veteran. Information provided on this application will not be used for any discriminatory purpose.

Your complete application form will be maintained in our active files for six (6) months from the date of application. You may submit a new application at any time.

Please read this document carefully and provide all information requested. Print clearly.

Last Name: _____

First: _____ MI: _____

Date of Application: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Type(s) of Work Desired: _____

Home telephone: _____

Work telephone: _____

Email Address: _____

If employed and under 18 years of age, can you furnish a work permit? Yes No

Have you filed an application with this company before? Yes No
If yes, give date: _____

Are you currently employed? Yes No
If yes, may we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of visa or immigration status? Yes No

On what date would you be available for work? _____

When are you available for work? Full Time Part Time Shift Work Temporary

Wage or Salary Required: _____

Have you been convicted of a felony within the last 7 years* Yes No
(Conviction will not necessarily disqualify applicant from employment)

If yes, please explain:

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How Were You Referred To Us? (Circle only one.)

- A. By your college
- B. Advertisement
- C. Employment agency
- D. By an Employee

If So, give name: _____

E. Other

EMPLOYMENT RECORD

Starting with present or most recent, list all previous employers. Include self-employment and summer and part-time jobs. If more space is required, please continue on a separate sheet. You may attach a resume, but complete this application as well.

Last Or Present Company:

Type of Business:

Type or Classification of Job:

Street Address:

City: _____ State: _____ ZIP: _____

Phone number:

Brief Description of Job Duties:

Supervisor's Name:

Phone number: _____ Base salary: _____

Dates worked: From _____ To _____

Reason for leaving:

Last or Present Company 2:

Reason for Leaving:

Type of Business:

Type or Classification of Job:

Street Address:

City: _____ State: _____ ZIP: _____

Phone number:

Brief Description of Job Duties:

Supervisor's name:

Phone number: _____ Base salary: _____

Dates worked: From _____ To _____

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EDUCATIONAL HISTORY

High School: _____

Location (city, state): _____

Major Course or Subject: _____

Dates Attended: From _____ To _____

Graduated: Yes No Degree: _____

Technical/Trade (after high school)

School Name: _____

Location (city, state): _____

Major Course or Subject: _____

Dates Attended: From _____ To _____

Graduated: Yes No Degree: _____

College (list all attended)

School Name: _____

Location (city, state): _____

Major Course or Subject: _____

Dates Attended: From _____ To _____

Graduated: Yes No Degree: _____

School Name: _____

Location (city, state): _____

Major Course or Subject: _____

Dates Attended: From _____ To _____

Graduated: Yes No Degree: _____

Other education/training

School Name: _____

Location (city, state): _____

Major Course or Subject: _____

Dates Attended: From _____ To _____

Graduated: Yes No Degree: _____

SPECIAL SKILLS

Typing: Yes _____ Words per Minute: _____ No _____

Computer Skills _____

Hardware:

Software:

Please list Other Skills and/or Equipment/Language Experience You Have Acquired:

Served Apprenticeship:

Yes No Type: _____

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PROFESSIONAL/WORK REFERENCES

List two past supervisors and one person who is not related to you who have knowledge of your qualifications for the position for which you are applying.

1. Name: _____
Title/Relationship: _____
Street Address: _____
City: _____ State: _____ ZIP: _____
Phone no. (include area code) _____
Occupation: _____

2. Name: _____
Title/Relationship: _____
Street Address: _____
City: _____ State: _____ ZIP: _____
Phone no. (include area code) _____
Occupation: _____

3. Name: _____
Title/Relationship: _____
Street Address: _____
City: _____ State: _____ ZIP: _____
Phone no. (include area code) _____
Occupation: _____

I hereby certify that the answers and other information on this application are true and correct and that I understand any misrepresentation or omission of facts on my part will be justification for separation from the company's service, if employed. I understand that my employment may be contingent upon receipt of an alien registration number, verification of birth, and any other pertinent information bearing upon my employment, and that my continued employment depends upon the will of the company or myself.

Signature _____
Date

If any of your educational or employment records are under names other than the above name provided, please list the other names.

