

# Lincoln Hills Development Corporation (LHDC)

## Application For Employment

AN EQUAL  
OPPORTUNITY EMPLOYER

### Personal Information

NAME (LAST NAME FIRST) \_\_\_\_\_ DATE \_\_\_\_\_  
 PRESENT ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 ARE YOU 18 YEARS OR OLDER? YES \_\_\_\_\_ NO \_\_\_\_\_ PHONE \_\_\_\_\_  
 CELL PHONE \_\_\_\_\_ EMERGENCY CONTACT \_\_\_\_\_

### Desired Employment

POSITION \_\_\_\_\_ DATE YOU CAN START \_\_\_\_\_ PAY RATE DESIRED \_\_\_\_\_  
 ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THE U.S.? YES \_\_\_\_\_ NO \_\_\_\_\_  
 \*Employment eligibility verification will be required upon hire.  
 ARE YOU EMPLOYED NOW? YES \_\_\_\_\_ NO \_\_\_\_\_  
 IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? YES \_\_\_\_\_ NO \_\_\_\_\_  
 EVER APPLIED TO THIS COMPANY BEFORE? YES \_\_\_\_\_ NO \_\_\_\_\_ WHERE? \_\_\_\_\_ WHEN? \_\_\_\_\_  
 EVER WORKED FOR THIS COMPANY BEFORE? YES \_\_\_\_\_ NO \_\_\_\_\_ WHERE? \_\_\_\_\_ WHEN? \_\_\_\_\_  
 REASON FOR LEAVING \_\_\_\_\_  
 NAME OF LAST SUPERVISOR AT THIS COMPANY \_\_\_\_\_  
 HOW DID YOU LEARN ABOUT THIS POSITION WITH LHDC? \_\_\_\_\_

### Education

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	DID YOU GRADUATE?	MAJOR/ SUBJECTS STUDIED	DEGREE AWARDED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

### General

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK: \_\_\_\_\_  
 SPECIAL TRAINING, CERTIFICATES, LICENSES: \_\_\_\_\_  
 SPECIAL SKILLS, LANGUAGES: \_\_\_\_\_  
 HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 5 YEARS THAT HAS NOT BEEN EXPUNGED BY A COURT? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, EXPLAIN: \_\_\_\_\_

(Conviction of a crime will not necessarily disqualify you from consideration for employment since the nature and gravity of the offense, the date of the offense, rehabilitation efforts and the job for which you are applying are also considered.)

**Service Record**

BRANCH OF SERVICE \_\_\_\_\_ DISCHARGE DATE \_\_\_\_\_

**Former Employers**

LIST BELOW LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT

**NAME OF PRESENT OR LAST EMPLOYER** \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

STARTING DATE \_\_\_\_\_ LEAVING DATE \_\_\_\_\_ JOB TITLE \_\_\_\_\_

WEEKLY STARTING SALARY \_\_\_\_\_ WEEKLY FINAL SALARY \_\_\_\_\_

MAY WE CONTACT YOUR SUPERVISOR? YES \_\_\_\_\_ NO \_\_\_\_\_

NAME OF SUPERVISOR \_\_\_\_\_ TITLE \_\_\_\_\_ PHONE \_\_\_\_\_

DESCRIPTION OF WORK \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

**NAME OF PREVIOUS EMPLOYER** \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

STARTING DATE \_\_\_\_\_ LEAVING DATE \_\_\_\_\_ JOB TITLE \_\_\_\_\_

WEEKLY STARTING SALARY \_\_\_\_\_ WEEKLY FINAL SALARY \_\_\_\_\_

MAY WE CONTACT YOUR SUPERVISOR? YES \_\_\_\_\_ NO \_\_\_\_\_

NAME OF SUPERVISOR \_\_\_\_\_ TITLE \_\_\_\_\_ PHONE \_\_\_\_\_

DESCRIPTION OF WORK \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

**NAME OF PREVIOUS EMPLOYER** \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

STARTING DATE \_\_\_\_\_ LEAVING DATE \_\_\_\_\_ JOB TITLE \_\_\_\_\_

WEEKLY STARTING SALARY \_\_\_\_\_ WEEKLY FINAL SALARY \_\_\_\_\_

MAY WE CONTACT YOUR SUPERVISOR? YES \_\_\_\_\_ NO \_\_\_\_\_

NAME OF SUPERVISOR \_\_\_\_\_ TITLE \_\_\_\_\_ PHONE \_\_\_\_\_

DESCRIPTION OF WORK \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

**Professional References**

LIST THREE PROFESSIONALS YOU ARE NOT RELATED TO, WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED	PHONE
1.				
2.				
3.				

**Authorization**

“I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I UNDERSTAND THAT AN OFFER OF EMPLOYMENT BY LHDC MAY BE BASED ON, AND CONDITIONAL ON, SATISFACTORY COMPLETION OF BACKGROUND CHECKS, PHYSICAL HEALTH EXAMINATIONS, DRIVER’S RECORD CHECK, AND DRUG SCREEN.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE. I ALSO UNDERSTAND THAT LHDC IS IN NO WAY OBLIGATED TO PROVIDE EMPLOYMENT AND ALSO THAT I AM IN NO WAY OBLIGATED TO ACCEPT EMPLOYMENT IF OFFERED. THIS APPLICATION DOES NOT BIND EITHER PARTY, OR THE STATEMENTS CONTAINED HERIN DO NOT CONSTITUTE AND SHOULD NOT BE INTERPRETED TO CONSTITUTE ANY SORT OF CONTRACT OF EMPLOYMENT FOR A FIXED PERIOD OF TIME.

THIS WAIVER DOES NOT PERMIT THE RELEASE OR USE OF DISABILITY-RELATED OR MEDICAL INFORMATION IN A MANNER PROHIBITED BY THE AMERICAN WITH DISABILITIES ACT (ADA) AND OTHER RELEVANT FEDERAL AND STATE LAWS.”

\_\_\_\_\_ DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

<b>LHDC USE ONLY IF APPLICANT IS HIRED:</b>	
Date to Report:	Rate of Pay:
Department:	Position:
APPROVED 1: EMPLOYMENT MANAGER:	Date:
APPROVED 2: DEPARTMENT MANAGER:	Date:
APPROVED 3: GENERAL MANAGER:	Date: