

# Application for Employment Life Directions

I-9  
 W-4  
 Framework/Polices  
Office Use Only

## Personal Information (Please Print)

Name \_\_\_\_\_  
(Last Name) (First Name) (Middle Initial)

Home Address \_\_\_\_\_  
(Number) (Street) (Apt. #)  
\_\_\_\_\_  
(City) (State) (Zip Code)

Day Phone ( ) \_\_\_\_\_ Evening Phone\_( ) \_\_\_\_\_

Social Security Number \_ \_ \_ \_ \_

Have you ever been convicted of a felony or DUI are there any felony or DUI charges pending against you? ? (This will not necessarily affect your application.) Yes No

If yes, please explain \_\_\_\_\_

## Employment desired

What is the position for which you are applying? \_\_\_\_\_  
(Full Time)  
(Part Time)

Are you available for weekend and evening work? Yes No

Are you willing to travel? Yes No

Desired starting salary \_\_\_\_\_

Date you can start if hired \_\_\_\_\_

Are you able to perform all the essential functions and duties required of the position for which you are applying, with or without accommodation? Yes No. If no, how would you perform these essential functions and duties and with what accommodations?  
\_\_\_\_\_

## Applicable skills

List applicable knowledge and skills that you have acquired?  
\_\_\_\_\_  
\_\_\_\_\_

What are your long-term career goals, and how do you see a career with our organization helping you meet those goals?  
\_\_\_\_\_  
\_\_\_\_\_

**Employment History** (Provide history of last three employers.  
Start with most recent employment)

**Company Name** \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Date Started \_\_\_\_\_ Starting Wage \_\_\_\_\_ Starting Position \_\_\_\_\_

Date Ended \_\_\_\_\_ Ending Wage \_\_\_\_\_ Ending Position \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ May we contact?      Yes      No

Responsibilities \_\_\_\_\_

Reason for leaving \_\_\_\_\_

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**Company Name** \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Date started \_\_\_\_\_ Starting Wage \_\_\_\_\_ Starting Position \_\_\_\_\_

Date Ended \_\_\_\_\_ Ending Wage \_\_\_\_\_ Ending Position \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ May we contact?      Yes      No

Responsibilities \_\_\_\_\_

Reason for leaving \_\_\_\_\_

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**Company Name** \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Date started \_\_\_\_\_ Starting Wage \_\_\_\_\_ Starting Position \_\_\_\_\_

Date Ended \_\_\_\_\_ Ending Wage \_\_\_\_\_ Ending Position \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ May we contact?      Yes      No

Responsibilities \_\_\_\_\_

Reason for leaving \_\_\_\_\_

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**Education**

	Name City & State of School	Major/Study	Dates attended or Years Completed	Did you graduate? Diploma/Degree
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
Graduate/	_____	_____	_____	_____
Professional	_____	_____	_____	_____
Other	_____	_____	_____	_____

Please list any scholastic honors received and offices held in school

\_\_\_\_\_

List community involvement experiences \_\_\_\_\_

\_\_\_\_\_

**(Applicable) Military Experience**

Time Served: From \_\_\_\_\_ Until \_\_\_\_\_

Branch of service \_\_\_\_\_

Areas of Special Training \_\_\_\_\_

**Emergency Contact**

In case of an emergency, please notify:

Name \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

**References:**

List 3 references. References must be related to previous employment/schooling. (Do not provide personal character references from family or friends.)

	Name	Position	Address	Zip	Phone #
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

## Certification and Agreement

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY

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- A. I certify that the information contained in this application is correct to the best of my knowledge. I understand that falsification of any information in this document is grounds for immediate dismissal should I be hired for the applied position. I hereby release Life Directions, previous employers, references and all persons contacted from any and all liability for damages incurred while verifying the accuracy of the information provided.
  
  - B. Drug Testing: We may conduct drug testing for use of illegal drugs of job applicant and employees..
  
  - C. Furthermore, I fully understand and acknowledge that the employment relationship between Life Directions and its employees is one described as “Employment at Will.” This means that either myself as the employees or Life Directions as the employer, can terminate the employment relationship for any reason or for no reason at any time and without notice. While Life Directions feels obliged to make this statement in writing to protect itself from unjustified legal claims, Life Directions will continue to treat its employees with dignity and respect. It is incumbent on Life Directions to make its own judgment on whether any employee is suitable for continued employment without being second guessed by a court or jury as to what may be sufficient reason to terminate the employee relationship. This statement of “At Will” employment cannot be modified except in writing, signed by Chief Executive Officer of the organization.

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I hereby declare by the affixing of my signature that I have read and clearly understand items A, B, and C. I accept the terms and conditions described.

Employee/Applicant Signature \_\_\_\_\_

Date of Signature \_\_\_\_\_

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