



Laurelmead Cooperative Application for Employment

Prospective employees will receive consideration without discrimination based on race, color, citizenship status, national origin, ancestry, gender, sexual orientation or expression, age, religion, creed, physical or mental disability, marital status, veteran status, or any other factor protected by law.

Personal Information

| | | | |
|---|-------|-------------------------|--------------------------------------|
| Last Name | First | Middle | Date |
| Street Address | | | Home Phone |
| City, State, Zip | | | Cell Phone |
| Email Address | | | Date Available to Begin Work? |
| Position Desired | | | Expected Compensation |
| Status Desired | | | Legally eligible to work in the U.S. |
| Part-time _____ Full-time _____ Both _____ Temp _____ | | | Yes _____ No _____ Visa _____ |
| Date and Time Availability: | | | |
| Mon. _____ Hours _____ | | Tues. _____ Hours _____ | |
| Thurs. _____ Hours _____ | | Fri. _____ Hours _____ | |
| Sun. _____ Hours _____ | | Wed. _____ Hours _____ | |
| | | Sat. _____ Hours _____ | |
| Overtime: Yes _____ No _____ | | | |
| Have you ever applied for employment with Laurelmead? | | | For what position: |
| Yes _____ When _____ No _____ | | | _____ |
| Have you ever been previously employed with Laurelmead? | | | In what position: |
| Yes _____ When _____ No _____ | | | _____ |
| Special training or skills (languages, machine operation, etc.) | | | |

Education

| School | Name | Course of Study | # yrs. Completed | Graduate: Y or N | Degree or Diploma |
|--|------|-----------------|------------------|---------------------|-------------------|
| College | | | | | |
| Business/Trade/ Technical School | | | | | |
| High School | | | | | |

Employment

| | | |
|-------------------------|--------------------------------|---|
| Most Recent | Company Name | Telephone |
| | Address | Employment Dates (month/year) From: To: |
| | Position/Description of duties | Reason for Leaving |
| | Name of Supervisor | May we contact? Yes ___ No ___ |
| Next Most Recent | Company Name | Telephone |
| | Address | Employment Dates (month/year) From: To: |
| | Position/Description of duties | Reason for Leaving |
| | Name of Supervisor | May we contact? Yes ___ No ___ |
| Next Most Recent | Company Name | Telephone |
| | Address | Employment Dates (month/year) From: To: |
| | Position/Description of duties | Reason for Leaving |
| | Name of Supervisor | May we contact? Yes ___ No ___ |

Military

| | |
|--|------------------------|
| Did you serve in the U.S. Armed Forces? Yes ___ No ___ | If "Yes," what Branch? |
| Describe any training received which is relevant to the position for which you are applying: | |

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References

| | | |
|------------------------|---------------------|-----------------------|
| Reference 1 | Name _____ | Company _____ |
| | Email _____ | Phone Number _____ |
| | Relationship: _____ | How long known? _____ |
| Reference 2 | Name _____ | Company _____ |
| | Email _____ | Phone Number _____ |
| | Relationship: _____ | How long known? _____ |
| Reference 3 | Name _____ | Company _____ |
| | Email _____ | Phone Number _____ |
| | Relationship: _____ | How long known? _____ |

Additional Information

Membership in professional and civic organizations, special accomplishments, awards, etc.

Please read and understand this statement before signing your application:

The information I have provided in this Application for Employment is true, correct and complete. False, incomplete or misrepresented information of any kind will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for immediate termination of employment.

I authorize Laurelmead to contact and obtain information about me from previous employers, educational institutions and "references" I have provided, and any other party necessary to verify the accuracy of information disclosed in this application, a related employment application, personal interview or background check. To assist in the processing of my application, I waive all rights and claims I may otherwise have against Laurelmead or its representatives for seeking and using information to evaluate my employment request, and against all other persons, corporations or organizations who provide information for this purpose.

This application will be kept for six months. After that date, unless otherwise notified, I understand that my status as an applicant will end. I may re-apply for employment in the future by completing a new application.

This application is not an employment agreement. If I accept an offer of employment, I understand that Laurelmead may terminate my employment at any time, with or without cause and without prior notice, unless required by law. I understand that no one, other than the Executive Director of Laurelmead, has authority to enter into any employment agreement with terms contrary to the foregoing, and then only in writing signed by such Executive Director.

I fully understand and accept all terms and conditions in the above statement.

_____ Date

_____ Signature



THIS PAGE CONTAINS SENSITIVE INFORMATION; KEEP ONLY IN SECURE FILES, SEPARATE FROM PERSONNEL RECORDS!

- I. In connection with my application for employment, I understand that a thorough background and/or reference check may be requested, involving information as to my character, work habits, performance and experience, along with reasons for termination of past employment. I further understand that information may be requested from public and private sources about my: worker's compensation injuries, driving record, criminal record, education, previous employment, and salary history.
- II. Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws.
- III. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies.
- IV. I hereby authorize, without any reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted to furnish the information described in Section I.

Today's Date _____

Signature _____

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking records. It is confidential and will not be used for any other purposes.

APPLICANT, PLEASE COMPLETE THE FOLLOWING:

Print your full name: _____

Please print other last names you have used: _____

Home address: _____

_____ Street _____

City _____ State _____ Zip _____

Previous address: _____

_____ Street _____

City _____ State _____ Zip _____

Social Security Number: _____

Date of Birth ____/____/____

Driver's License Number: _____

Name as it appears on license: _____

State issuing license: _____

Gender: ____ M ____ F

FOR OFFICE USE ONLY IF REQUIRED; NOTARIZE HERE

Subscribed and sworn before me:

Name _____

Date _____ Notary Public # _____

My commission expires _____



Voluntary Affirmative Action Form

In compliance with government regulations, we are required to track the number of our applicants by gender, race/ethnicity, Veteran status and position for which applied. **This information will be kept separately from your application and will be used only in accordance with Federal and state regulations.**

You are not required to provide this information. This form will be immediately separated from your application and will have no bearing on the hiring process. Your application for employment will be considered in the same manner, whether or not you fill out this form.

Gender: ___ Male ___ Female

Age: ___ Under 18 ___ 18 – 75

Ethnic Group (select any/all that apply):

___ **American Indian or Alaskan Native:** Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

___ **Asian or Pacific Islander:** Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This are includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.

___ **Black:** Persons having origins in any of the black racial groups of Africa.

___ **Hispanic:** Persons of Mexican, Puerto Rican, Cuban, Central or South American origin, or other Spanish culture or origin, regardless of race.

___ **White:** Persons having origin in any of the original peoples of Europe, North Africa, or Middle East.

___ **Other (Please specify):** _____

Veteran Status:

___ Not a Veteran ___ Veteran ___ Disabled Veteran ___ Vietnam Era Veteran

Name: _____

Date of application: _____ Position applied for: _____

How did you learn about the position? _____

Referred by: _____