

Lewis County Opportunities, Inc. Application For Employment



An Equal Opportunity Employer

PLEASE PRINT

Last Name	First Name	Middle Initial	Other Former Names	
Address		City	State	Zip Code
Telephone Number(s) Home () Work ()			Date of Application	
Position(s) for which you are applying:				
How did you learn about us?				

Are you at least 18 years of age?

☐ Yes ☐ No

Have you ever filed an application with us before?

☐ Yes ☐ No If yes, when? _____

Are you related to an employee presently working at Opportunities, or an Opportunities Board Member?

☐ Yes ☐ No If yes, whom? _____
Relationship: _____

Are you eligible to lawfully be employed in the United States?

☐ Yes ☐ No If offered employment, proof of citizenship or immigration status will be required before hiring.

On what date would you be available to work?

What type of employment are you interested in?

☐ Full Time ☐ Part Time

Have you ever been convicted of a criminal offense?

☐ Yes ☐ No (A criminal conviction will not necessarily disqualify an applicant.)

If yes, please explain:

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation?

☐ Yes ☐ No

DRIVERS LICENSE INFORMATION

Do you have a valid driver's license?

☐
Yes

☐
No

License type/class _____

License I.D. # _____

State _____

Date Issued _____

Expires On _____

Has your driver's license ever been
suspended or revoked?

☐
Yes

☐
No

If yes, please explain:

Do you presently have a clean driving record?

☐
Yes

☐
No

EDUCATIONAL BACKGROUND

School Name/ Address	Major/Minor	Years Completed	Did You Graduate?	Degree/Diploma

PROFESSIONAL REFERENCES

List the names, addresses, and telephone numbers of three (3) people in professions or business (not relatives) who have known you for more than a year and to whom we may refer:

Name/Address	Telephone Number	Occupation	Years Known

SPECIAL SKILLS AND QUALIFICATIONS

Describe any special training, skills, licenses, certifications and/or job-related characteristics about yourself that may qualify you to perform the essential functions of the position for which you are applying:

EMPLOYMENT HISTORY

Please list your last three (3) employers, assignments or volunteer activities, starting with your most recent.

Employer	Dates Employed	
Address	From:	To:
Telephone Number () -	What were your job responsibilities?	
May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Job Title		
Immediate Supervisor/Title	Reason for leaving	

Employer	Dates Employed	
Address	From:	To:
Telephone Number () -	What were your job responsibilities?	
May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Job Title		
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Employer	Dates Employed	
Address	From:	To:
Telephone Number () -	What were your job responsibilities?	
May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Job Title		
Immediate Supervisor/Title	Reason for leaving	

Comments: (Include explanation of any gaps in employment)

NON-DECRIMINATION STATEMENT

Opportunities does not discriminate because of race, creed, religion, age, gender, color, national origin, marital status, disability, genetic predisposition or carrier status, sexual orientation, union or political affiliation in regard to employment, upgrading, demotion, re-assignment, transfer, recruitment, advertising, lay off, termination, rates of pay, or other compensation, selection for training or any other benefit or condition of employment.

APPLICANT STATEMENT

I understand that employment with Lewis County Opportunities is *at-will*; meaning that I or Lewis County Opportunities may terminate my employment at any time, or for any reason consistent with applicable state and federal law.

I certify that the answers given herein are true and complete to the best of my knowledge. I understand that false or misleading information given in my application or interviews(s) may result in my termination if hired.

I authorize Lewis County Opportunities to contact the professional references I provided in this application, and I understand that contacting employment references will only be done through a separate authorization.

I understand this application will be active for a minimum of 90 days; however after that time, if I wish to be considered for future employment opportunities, I must submit a new application.

I understand that if offered employment, such offer would be conditional upon the agency conducting a background examination; including a background check and driving history review. I acknowledge the agency reserves the right to rescind an offer of employment or terminate employment should the results of my background examination not be acceptable.

Signature of Applicant

Date