Lewis County Opportunities, Inc. **Application For Employment**



PLEASE PRINT

An Equal Opportunity Employer

PLEASE PRINT						
Last Name	First Name	e Middle Initial		Other Former Names		
Address		City			State	Zip Code
Telephone Number(s)				Date	of Applica	tion
Home ()	Work ()				
Position(s) for which yo	ou are applying:					
How did you learn abo	ut us?					
Are you at least 18 year	ars of age?		□ Yes	□ No		
Have you ever filed an	application with us b	efore?	□ Yes	□ No	If yes, whe	en?
Are you related to an e Opportunities, or an O		_	□ Yes	□ No	If yes, who Relationsh	om? iip:
Are you eligible to lawf States?	fully be employed in t	ne United	□ Yes	□ No	of citizens	employment, proof hip or immigration be required before
On what date would yo	ou be available to wor	k?				
What type of employm	ent are you interested	d in?	□ □ Full Time Part Time			
Have you ever been co	onvicted of a criminal	offense?	□ Yes	□ No	,	onviction will not lisqualify an applicant.)
If yes, please explain:			. 00			
Are you able to perforr job for which you are a	applying, with or witho		□ Yes	□ No		

DRIVERS LICENSE INFORMATION

EDUCATIONAL BACKGROUND									
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:									
vn									
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:	То:			
Telephone Number () -	What were your jo	b responsibilities?			
May we contact this Employer?					
☐Yes ☐ No Job Title					
Immediate Supervisor/Title	Reason for leaving				
Employer		Dates Employed			
Employer	From:	To:			
Address					
Telephone Number	What were your job responsibilities?				
May we contact this Employer? ☐Yes ☐ No					
Job Title					
Immediate Supervisor/Title	Reason for leaving				
Employer	Dates Employed				
Address	From:	To:			
Address					
Telephone Number () -	What were your jo	What were your job responsibilities?			
May we contact this Employer?					
Way we contact this Employer? □Yes □ No					
Job Title					
Immediate Supervisor/Title	Reason for leaving				
Comments: (Include explanation of	of any gans in employ	ment)			
		mond			

NON-DESCRIMINATION STATEMENT

Opportunities does not discriminate because of age, race, creed/religion, color, national origin, sex/gender, pregnancy or pregnancy-related conditions, sexual orientation, gender identity/expression, disability, marital status, familial status, domestic violence victim status, prior arrest or conviction record, military/veteran status, predisposing genetic characteristics, or any other basis prohibited by Federal and State law, as well as 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		
3 11		
Date		