## APPLICATION FOR EMPLOYMENT

Lincoln Self Reliance, Inc.

LSR is an Equal Opportunity Employer. We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

## (PLEASE TYPE OR PRINT)

Position(s) Applied For		Date of Appl	ication	
How did you learn about us?  □ Advertisement	□ Friend	□ Inquiry		
☐ Employment Agency	□ Relative	Other		
Last Name	First Nam	e	Middle	e Name
Physical Address	City	State	Z	ip Code
Mailing Address	City	State	Z	ip Code
Telephone Number(s)			ırity Number	(Voluntary)
Email Address				
Best time to contact you is:			:	AM/PM
Have you ever filed an appl If Yes, give date			□ Yes	□ <b>No</b>
Have you ever been employ If Yes, give date			□ Yes	$\square$ No
Do any of your friends/relations			□ Yes	□ No
Are you currently employed	d?		□ Yes	□ <b>No</b>
May we contact your presen	nt employer?		□ Yes	$\square$ No
Date available for work _	///	What is your desired s	alary range?	

□ Par	t-Time (P	lease indica	ate: Mornings	, Afternoons, N	lights, Weekends) lights, Weekends)	
Can you travel if a job requires it?				□ Yes	$\square$ No	
WORK EXPERIENCE						
Start with your present or last job, listing the thrassignments and volunteer activities. You may expand origin, disabilities or other protected sta	kclude organi					
Employer	Dates E From	mployed To		Work Performed		
Address						
Telephone Number(s)						
Starting/Present Job Title	Hourly R Starting	ate/Salary Final				
Supervisor						
Reason For Leaving		May We Co	ontact?	□ Yes	□ No	
Employer	Dates Er From	mployed To		Work Per	formed	
Address						
Telephone Number(s)	1					
Starting/Present Job Title	Hourly Ra Starting	ate/Salary Final	_			
Supervisor						
Reason For Leaving		May We Co	ontact?	□ Yes	□ <b>No</b>	
	1				_	
Employer	Dates E From	Dates Employed From To		Work Performed		
Address						
Telephone Number(s)						
Starting/Present Job Title	Hourly Ra Starting	ate/Salary Final				
Supervisor						
Reason For Leaving	•	May We C	Contact?	□ Yes	□ <b>No</b>	

## Additional

	1						
Name of Employer	City/State			Pay Rate		Reason for Leaving	
		From	То	Starting	Final		
Describe any job related to	raining, apprenticeshi	ip, skills or p	rofessiona	l membersh	ips:		
EDUCATION							
Type of School	Name/Addre	ss of School		Cours	e of Study	No. Years	Diploma/
High School						Completed	Degree
Undergraduate College							
Graduate/Professional							
Other/Specify	<del></del>		<del>_</del>				
REFERENCES: List the nation or previous employers, who	o can provide informa	tion about yo					you
2)							
3)							
Dawnya Bugann							
DRIVING RECORD  Do you have a valid Drivers	s I ioonso9			□ Yes		$\square$ No	
Number:		Class			Evniroc.		
Number:		Class:			Expires:		<del></del>

Have you been listed on a child abuse/neglect registry in Wyoming or any other state?      Yes	-4- (-)-	ile accident?	□ Yes	$\square$ No	
the (s):		Location:			
Have you been listed on a child abuse/neglect registry in Wyoming or any other state?    Yes    No f yes, please give specifics:  Have you been convicted of any felony, public indecency, a violation of the Wyoming Controlled Substance Act, or driving under the influence of alcohol or a controlled substance?    Yes    No f yes, please give specifics:  Prior to or upon being hired for this position, background record reviews    WILL be conducted on you via fingerprinting with he FBL DCI (Wyoming Division of Criminal Investigation), and DFS (Department of Family Services) registry review. Fingerprint cards will be provided to you. Other background reviews may be conducted including a pre-employment drug creening.  Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING. (See enclosure - Essential Functions of Position)  Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the primary duties involved in the job or occupation for which you have applied? A review of the primary duties involved in such a job or occupation has been given.   Yes    No	raffic Violations:				
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PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING:

I understand that any misrepresentation or falsifications may result in LSR, Inc. and its authorized agents permission to verify any job-related					
I understand that I may be required to submit to drug and alcohol testi condition of continued employment if hired by LRS, Inc.	ng as part of the pre-employment process or as a				
I UNDERSTAND THAT IF HIRED BY LSR, INC., I WILL BE AN AT WILL EMPLOYEE. THAT MEANS THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESSED OR IMPLIED CONTRACT OF EMPLOYMENT, OR CONTINUED EMPLOYMENT, NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME.					
LSR REQUIRES ALL EMPLOYEES TO SIGN A NON-COMPETE WORK AGREEMENT UPON HIRE DATE.					
I have read, understand and by my signature, consent to the proceeding statements.					
Signature of Applicant	Date				