

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 Application	
How did you learn about us?			
<input type="checkbox"/> Advertisement		<input type="checkbox"/> Friend	<input type="checkbox"/> Inquiry
<input type="checkbox"/> Employment Agency		<input type="checkbox"/> Relative	Other _____
Last Name		First Name	Middle Name
Physical Address		City	State
			Zip Code
Mailing Address		City	State
			Zip Code
Telephone Number(s)		Social Security Number (Voluntary)	
		- -	
Email Address			

Best time to contact you is: _____ : _____ AM/PM

Have you ever filed an application with us before? Yes No
If Yes, give date _____

Have you ever been employed with us before? Yes No
If Yes, give date _____

Do any of your friends/relatives work at, or receive services from, LSR, Inc.? Yes No
If Yes, state name, relationship and location _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Date available for work _____ / _____ / _____ **What is your desired salary range?** _____

Additional

Name of Employer	City/State	Dates Employed		Pay Rate		Reason for Leaving
		From	To	Starting	Final	

Describe any job related training, apprenticeship, skills or professional memberships:

EDUCATION				
Type of School	Name/Address of School	Course of Study	No. Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate/Professional				
Other/Specify				

REFERENCES: List the names, addresses, and telephone numbers of at least three (3) individuals, not related to you or previous employers, who can provide information about your skills, abilities, education, and experience:

- 1) _____
- _____
- 2) _____
- _____
- 3) _____
- _____

DRIVING RECORD		
Do you have a valid Drivers License?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Number: _____	Class: _____	Expires: _____

In the last five (5) years have you been the driver in an automobile accident? Yes No

Date (s): _____ Location: _____

Traffic Violations:

Date (s): _____ Location: _____

Type: _____

Have you been listed on a child abuse/neglect registry in Wyoming or any other state? Yes No

If 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

If yes, please give specifics: _____

Prior to or upon being hired for this position, background record reviews WILL be conducted on you via fingerprinting with the FBI, 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 screening.

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

Did you complete this application yourself? Yes No

If no, who did and why? _____

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING:

I understand that any misrepresentation or falsifications may result in removal from consideration of employment. I give LSR, Inc. and its authorized agents permission to verify any job-related information given with this application.

I understand that I may be required to submit to drug and alcohol testing as part of the pre-employment process or as a condition of continued employment if hired by LRS, Inc.

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