

Date Available: _____ Desired Salary: \$ _____ Per Hour Annually
MM DD YYYY

Position Applied For: _____
Full Time Part Time Temporary

How were you referred to the job opening? Job Posting Current Employee Other

Name of Employee Please Describe

Do you have any relatives who work for LMUD? Yes No

Are you a citizen of the United States? Yes No

If 'No,' are you authorized to work in the U.S.? Yes No

Have you ever applied to work at LMUD? Yes No If 'Yes,' when?

MM YYYY

Have you ever been convicted of a felony or subjected to deferred adjudication on a felony charge? Yes No

If your answer is 'Yes,' explain in concise detail, (as a separate statement included with your application if needed), giving dates and nature of the offense, name and location of the court, and disposition of the case(s). A conviction may not disqualify you, but a false statement will. Note: LMUD may require additional information related to convictions of misdemeanors.

Are you willing/able to work hours other than 8am-5pm? Yes No

What days are you unable to work? _____

Additional Comments? (optional) _____

APPLICANT EDUCATION:

Applicant may be required to provide proof of diploma, degree, transcripts, licenses, certifications, and/or registrations.

High school: _____ Location: _____

From: _____ To: _____ Did you graduate? Yes No

Other: _____ Location: _____

From: _____ To: _____ Did you graduate? Yes No Degree: _____

Other: _____ Location: _____

From: _____ To: _____ Did you graduate? Yes No Degree: _____

If a license, certificate, or other authorization is required or related to the position for which you are applying, complete the following:

License/Certificate: (Type)	Date Issued:	Date Expires:	Issued By: (State or Other Authority)	Location of Issuance: (City, State)	License No.:

Special Training/Skills/Qualifications: List all job-related training or skills you possess and machines or office equipment deem relevant.

Additional Comments? (optional)

PROFESSIONAL REFERENCES:

Please list three professional references we have permission to contact.

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____ Email: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____ Email: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____ Email: _____

CURRENT EMPLOYMENT:

Are you currently employed? Yes No

If "yes" fill out the below information on your current position:

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ From: _____ To: _____

Responsibilities: _____

PREVIOUS EMPLOYMENT:

Company: _____ Phone: _____

Address: _____ Supervisor: _____
Job Title: _____ From: _____ To: _____

Responsibilities: _____

May we contact your previous supervisor for a reference? Yes No

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ From: _____ To: _____

Responsibilities: _____

May we contact your previous supervisor for a reference? Yes No

MILITARY SERVICE:

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than 'Honorable,' explain: _____

DISCLAIMER AND SIGNATURE:

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED.

1. I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete to the best of my knowledge and ability, and I understand that any misstatement, falsification, or omission of information may be grounds for refusal to hire or, if hired, termination. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.
2. Unless otherwise indicated, I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information to you.
3. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with LMUD is of an "at will" nature, which means that an employee may resign at any time and LMUD, as the employer, may discharge an employee at any time with or without cause.

This application for employment shall be considered active for a period of time not to exceed 45 days from the date below. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

Full Name: _____ Date: _____
MM DD YYYY

Signature: _____