

## LC & THRIVE EMPLOYEE APPLICATION

Name:					
FIRST	LAST	MIDDLE INITIAL	POSITIO	ON SOU	JGHT
Address:					
NUMBER & STREET	MBER & STREET C		STATE	ZIP CODE	
Phone:		Are you over 18 ye	ears old?	Y	Ν
Are you legally eligible fo required to provide docu		-	d employment	: you w Y	vill be N
Have you ever been conv the military)?			fense (includin	ıg whil	e in
EDUCATION:					
High School: Number of	years completed (ci	ircle one): 1 2 3 4	Diploma?	Y	Ν
School Name:			GED	<b>?</b> Y	Ν
College and/or Vocation	al School: Number	of years completed (circle	e one):1 2 3 4	56	7
School(s):	Addr	ess:			
Major:	Degrees Ea	rned (Date):			
Describe other Training	or Degrees:				

# **EMPLOYMENT HISTORY:**

List most recent employment first. May we contact your present employer? Y N

Employer:	Date of Employment: From:	То:	
Address:			
Position/Duties:			
Telephone:	Salary:		
Supervisor Name:	Reason for leaving:		
Employer:	Date of Employment: From:	То:	
Address:			
Position/Duties:			
Telephone:	Salary:		
Supervisor Name:	Reason for leaving:		
Employer:	Date of Employment: From:	То:	
Address:			
Position/Duties:			
Telephone:	Salary:		
Supervisor Name:	Reason for leaving:		

### **ADDITIONAL INFORMATION:**

1.	What is your reason	for seeking	employment	here?
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2. What special skills, talents, gifts or personality traits would you bring to this ministry?

3. This organization is a service agency guided by Christian values that affirms the sanctity of human life. We believe that our faith in Jesus Christ empowers us, enables us and motivates us to provide services in this community. Please write a brief statement about how your faith would affect your work if hired.

#### PERSONAL REFERENCES:

Name	Email Address	Years Acquainted	Relationship
1.			
2.			
3.			

## APPLICANT'S CERTIFICATION AND AGREEMENT:

I certify that the facts set forth in this employment application are true and complete to the best of my knowledge, and I authorize my prospective employer to verify their accuracy and to obtain reference information on my work performance and character. I release my prospective employer and any person or entity providing such reference information from any and all liability relating to the provision of such information or relating to any employment decisions made based upon such information.

I understand that, if employed, any falsified statements or omissions of material information on this application may lead to my prompt dismissal. If I am offered and accept employment, I agree to fully adhere to the policies and rules of my prospective employer. However, I understand that neither the existence of such policies and rules nor anything said during my interview process shall be deemed to create an express or implied employment contract.

I understand that any employment that may be offered to me will be for an indefinite duration and on an at will basis. I understand that either I or my prospective employer will have the right to terminate any such employment at any time with or without notice or cause.

I further certify that I have read and that I am in full agreement with LC Medical & Support Services' Statement of Faith and Statement of Principle.

### SIGNATURE OF APPLICANT:

DATE: