

Number of attachments \_\_\_\_\_

### Application for Employment

LCFS is an Equal Opportunity Employer committed to excellence through diversity. Employment offers are made on the basis of qualifications and without regard to race, sex, religion, national or ethnic origin, disability, age, veteran status, or sexual orientation in compliance with state & federal law.

1. Position applied for \_\_\_\_\_

3. Social Security No. \_\_\_\_\_

4. Full legal name \_\_\_\_\_  
Last First Middle

6. Home Phone ( ) \_\_\_\_\_

5. Street Address \_\_\_\_\_

7. Business Phone ( ) \_\_\_\_\_

8. Other Phone ( ) \_\_\_\_\_

9. E-mail Address \_\_\_\_\_  
City State Zip

#### 10. EDUCATION

a. Check highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12

b. If you did not complete high school, do you have a high school equivalency diploma?  Yes  No

c. Check number of years of post high school education 1 2 3 4 5 6 7

Name and Location of College/Institution Hrs Degree Received Major or Specialty Minor Dates Attended

| Name and Location of College/Institution | Hrs | Degree Received | Major or Specialty | Minor | Dates Attended |
|--|-----|-----------------|--------------------|-------|----------------|
| 1. _____                                 |     |                 |                    |       |                |
| 2. _____                                 |     |                 |                    |       |                |
| 3. _____                                 |     |                 |                    |       |                |

d. If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected completion date: \_\_\_\_\_

#### 11. EXPERIENCE — Use Supplementary Experience Form(s) for additional space. Starting with the most recent, describe ALL paid, military and applicable voluntary experience. Highlight your knowledge, skills and abilities which best demonstrate your qualifications for this position.

You may list significantly different jobs within the same organization as separate items. May we contact your present supervisor?  Yes  No

a. **Job Title** \_\_\_\_\_ **Duties:** \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Type of business \_\_\_\_\_

Immediate supervisor \_\_\_\_\_

Title \_\_\_\_\_ Number and titles of employees you supervised \_\_\_\_\_

Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_ Equipment used \_\_\_\_\_

Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Hours/week \_\_\_\_\_ Your name if different from present \_\_\_\_\_

b. **Job Title** \_\_\_\_\_ **Duties:** \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Type of business \_\_\_\_\_

Immediate supervisor \_\_\_\_\_

Title \_\_\_\_\_ Number and titles of employees you supervised \_\_\_\_\_

Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_ Equipment used \_\_\_\_\_

Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Hours/week \_\_\_\_\_ Your name if different from present \_\_\_\_\_

c. **Job Title** \_\_\_\_\_ **Duties:** \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Phone \_\_\_\_\_  
 Type of business \_\_\_\_\_  
 Immediate supervisor \_\_\_\_\_  
 Title \_\_\_\_\_ Number and titles of employees you supervised \_\_\_\_\_  
 Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_ Equipment used \_\_\_\_\_  
 Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
 Full-time \_\_\_ Part-time \_\_\_ Hours/week \_\_\_\_\_ Your name if different from present \_\_\_\_\_

d. Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops, and special achievements or specialized skills: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

f. Driver's License \_\_\_\_\_  
 Type License Number Granted by (State)  
 \_\_\_\_\_  
 \_\_\_\_\_

12. **REFERENCES**

List names, addresses and relationships of three persons not related to you who know your qualifications:

| Name | Address | Phone | Relationship |
|------|---------|-------|--------------|
|      |         |       |              |
|      |         |       |              |

13. **MISCELLANEOUS**

- a. Check which shifts you will accept:  Day  Evening  Night  Rotating  Weekends Specify shift hours \_\_\_\_\_  
 b. Check which job status you will accept:  Full-time  Part-time \_\_\_\_\_  
 c. Do you have access to a vehicle?  No  Yes. If yes,  Limited access  Complete access  
 If no, can you provide your own transportation for employment?  No  Yes.  
 e. List the geographic locations in which you are willing to work.  
 Cherokee  Cobb  DeKalb  Fulton  Gwinnett  Douglas  Paulding  All 7 counties  
 f. Are you a United States Citizen?  
 Yes  No. IF NO, do you have a work visa?  Yes – Please provide documentation  No

j. Have you ever been convicted\* for any violation(s) of law, including moving traffic violations.  Yes  No If YES, please provide the following:  
 Description of offense: \_\_\_\_\_  
 Statute or ordinance(if known): \_\_\_\_\_ Date of Charge: \_\_\_\_\_ ; Date of Conviction \_\_\_\_\_  
 County, City, State of Conviction: \_\_\_\_\_  
 (For additional convictions use plain paper. Include all information listed above.)

\*Convictions include juvenile adjudications for Capital Murder, First and Second Degree Murder, Lynching, or Aggravated Malicious Wounding, if you were age fourteen (14) to eighteen (18) when charged.

13. When will you be available to start work? (No date is necessary if you are available as soon as you give two (2) weeks notice.)  
 \_\_\_ Month \_\_\_ Day \_\_\_ Year

14. **CERTIFICATION--Each Application Requires Current Date and Original Signature**  
 I hereby certify that all entries on both sides and attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part of any employment in the service of the Loving Care Family Services, LLC. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent that you may contact references, former employers and educational institutions listed regarding this application. I further authorize LCFS to rely upon and use, as it sees fit, any information received from such contacts. Information contained on this application may be disseminated to other agencies, nongovernmental organizations or systems on a need-to-know basis for good cause shown as determined by the agency head or designee.  
**Date** \_\_\_\_\_ **Applicant Signature** \_\_\_\_\_

Pursuant to federal regulations, we collect responses to the questions below for record keeping purposes. This information will NOT be kept with your application for employment. Federal law prohibits unlawful discrimination on the basis of race, color, sex, age, national origin, religion, or disability.

Check the block for the racial or ethnic group with which you identify:

- White/Caucasian
- Black (includes Jamaican, Bahamians and other Caribbeans, or African American)
- Hispanic (includes persons of Mexican, Puerto Rican, Central or South American or other Spanish origin or culture)
- Asian & Asian American (includes Pakistanis, Indians & Pacific Islanders)
- American Indians (includes Alaskans)
- Other:

Check the block for the highest level of education you have completed (check only one):

- Less than 8th grade
- Completed 8th grade
- Attended high school
- High school graduate or equivalent
- Attended college and/or associate degree
- College graduate
- Attended graduate school
- Master's degree
- Graduate study beyond master's requirements
- Ph.D. or professional degree

Check the appropriate block:

- Female
- Male

Please indicate your date of birth: \_/\_/\_

Position applied for: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Category: \_\_\_\_\_

How did you find out about this employment opportunity?

Supplementary Experience Form

Social Security Number \_\_\_\_\_ Position Applied For \_\_\_\_\_
Name \_\_\_\_\_ Announcement Number \_\_\_\_\_

Job Title \_\_\_\_\_ Duties: \_\_\_\_\_
Employer \_\_\_\_\_
Address \_\_\_\_\_

Phone \_\_\_\_\_

Type of business \_\_\_\_\_

Immediate supervisor \_\_\_\_\_

Title \_\_\_\_\_ Number and titles of employees you supervised \_\_\_\_\_

Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_ Equipment used \_\_\_\_\_

Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Full-time \_\_\_ Part-time \_\_\_ Hours/week \_\_\_\_\_ Your name if different from present \_\_\_\_\_

Job Title \_\_\_\_\_ Duties: \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Type of business \_\_\_\_\_

Immediate supervisor \_\_\_\_\_

Title \_\_\_\_\_ Number and titles of employees you supervised \_\_\_\_\_

Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_ Equipment used \_\_\_\_\_

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Full-time \_\_\_ Part-time \_\_\_ Hours/week \_\_\_\_\_ Your name if different from present \_\_\_\_\_

Job Title \_\_\_\_\_ Duties: \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

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Full-time \_\_\_ Part-time \_\_\_ Hours/week \_\_\_\_\_ Your name if different from present \_\_\_\_\_

Job Title \_\_\_\_\_ Duties: \_\_\_\_\_

Employer \_\_\_\_\_

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Job Title \_\_\_\_\_ Duties: \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

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Full-time \_\_\_ Part-time \_\_\_ Hours/week \_\_\_\_\_ Your name if different from present \_\_\_\_\_