

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 |
|--|-----|-----------------|--------------------|-------|----------------|
| 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: _____

e. _____

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.
 Clayton 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 _____

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