

Lexi's Lil' Lambs Application for Employment
An Equal Opportunity Employer

Personal Information

First Name: _____ Last Name: _____ MI: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone Number: _____

Work Phone Number: _____

Are you 18 years of age or Older? _____ Yes _____ No, if not, age: _____

Are you a citizen of the United States? _____ Yes _____ No, if not, are you authorized to work in the United States? _____ Yes, if so, identification or permit number: _____

Have you Ever been convicted of a felony or misdemeanor? _____ Yes _____ No

If yes, please list the details:

SSN: _____

Drivers License #: _____ Issuing State: _____ Exp. Date: _____

Gender: _____ M _____ F

Ethnic Origin: _____

Position Information:

What is the position title you are applying for? _____

List your availability to work (Check the days and enter the hours):

_____ Monday	From _____	To _____
_____ Tuesday	From _____	To _____
_____ Wednesday	From _____	To _____
_____ Thursday	From _____	To _____
_____ Friday	From _____	To _____
_____ Saturday	From _____	To _____
_____ Sunday	From _____	To _____

Do you have any physical impairment that might restrict you from performing the job function?

Will your child(ren) need care in this facility, if so ages _____, _____, _____

Are you being treated for/or have you ever been treated for:

Drug Addiction: _____ Yes _____ No

Alcoholism: _____ Yes _____ No

Mental Illness: _____ Yes _____ No

Drug Screen:

A drug screen will be performed before employment will be received.

Are you currently taking any medications? _____ Yes _____ No

If yes, please list the medications:

Employment Information:

Most Recent Employer: _____ From: ____/____/____ To ____/____/____
Month / Year Month / Year

Address: _____ Phone Number: _____

Previous Employer: _____ From: ____/____/____ To ____/____/____
Month / Year Month / Year

Address: _____ Phone Number: _____

Educational Information:

Completed Grade School: _____ Yes _____ No

Completed High School: _____ Yes _____ No

Graduated 2-year college: _____ Yes _____ No

Graduated 4-year college: _____ Yes _____ No

Other: _____

Activities and Interests:

Acknowledgment:

By signing below, I authorize the employer to investigate all statements made by me on this

application. I understand that misstatements or omissions of information in connection with my application for employment can lead to rejection of my application or dismissal from employment, whenever discovered. I authorize the employer to request information from my current or former employers. I understand that I must pass a health examination prior to my first day of employment. In addition, I understand that my employment is contingent upon completion of a background check.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between the employer and myself or either employment or for the provision of any benefits. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the employer unless expressly made in a written contract of employment signed by me and the employer. If I am hired, I understand that my employment would be "at will," which means that I or the employer have the right to terminate my employment at any time without notice. I also understand that a written 2 weeks notice is mandatory in order to receive my final pay check.

Date: ____/____/____ Applicant's Signature: _____

Date: ____/____/____ Directors Signature: _____