

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status

Application for Employment



1201 N Townline Rd
 LaGrange, Indiana 46761
 260-463-3241
 260-463-8732 (Fax)
www.lagrangein.org

(PLEASE PRINT)

Positions Applied for:	Date of Application:
How did you learn about us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk-In <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other _____	

Last Name	First Name	Middle Name	
Street Address	City	State	Zip Code
Telephone Number(s)	Email Address:		

Driver's License number (*If applicable to position for which you are applying*) _____

If you are under 18 years of age, can you provide required proof of your eligibility to work? _____ Yes _____ No

Have you ever filed an application with us before? _____ Yes _____ No

If yes, give date _____

Have you ever been employed with us before? _____ Yes _____ No

If yes, give date _____

Because of Federal & State laws that we work with, we need to know if you have been convicted of theft or a felony of any kind. _____ Yes _____ No

If yes, give date _____

Are you currently employed? _____ Yes _____ No

May we contact your present employer? _____ Yes _____ No

Are you prevented from lawfully becoming employed in this country because Visa or Immigration Status? _____ Yes _____ No

Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____

Are you available to work: ___ Full Time ___ Part Time ___ Shift Work ___ Temporary Work

Are you currently on "lay-off" status and subject to recall? ___ Yes ___ No

Can you travel if work requires it? ___ Yes ___ No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

	Name and Address of School	Course of Study	Years completed	Diploma / Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Indicate any FOREIGN languages you can speak, read and/or write.

	Fluent	Good	Fair
Speak			
Read			
Write			

Describe any specialized training, apprenticeship, and skills that may be job related.

Describe any job related training received in the United States Military.

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

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

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks: _____

Interviewer _____ Date _____

Employed Yes No Date of Employment _____

Job Title _____ Hourly Rate/Salary _____ Department _____

By _____
NAME AND TITLE DATE

NOTES:
