



Application for Employment

APPLICATIONS REMAIN ON ACTIVE FILE FOR 90 DAYS

Qualified applicants will receive consideration without regard to Race, Creed, Color, Sex, National Origin, or the Presence of a Non-Job Related Medical Condition or Disability.

Date of Application: \_\_\_\_\_

Position(s) Applied For: \_\_\_\_\_ Pay Desired: \_\_\_\_\_

Referral Source:  Friend  Relative  Other \_\_\_\_\_

Name: \_\_\_\_\_
Last First Middle

Address: \_\_\_\_\_
Number Street City State Zip

Phone: (\_\_\_\_) \_\_\_\_\_ Social Security Number \_\_\_\_\_

Have you ever filed an application here before?  No,  Yes...When? \_\_\_\_\_

Have you ever been employed here before?  No,  Yes...When? \_\_\_\_\_

Are you available to work:  Full Time  Part Time

When will you be available for work? \_\_\_\_\_

Do you have any relatives (other than spouse) who work for LOGAN?  No,  Yes
If yes, please list names of relatives \_\_\_\_\_

Have you ever been convicted of a felony?  Yes,  No
If yes, please explain \_\_\_\_\_

## EDUCATION

SCHOOL	Name & Address	Course of Study	Circle last year completed	Did You Graduate?	List Diploma or Degree
Elementary			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Were you in the U.S. Armed Forces?  No,  Yes... Which branch? \_\_\_\_\_

Dates of duty: From \_\_\_\_\_ to \_\_\_\_\_

Rank at discharge \_\_\_\_\_

List duties in the service including special training \_\_\_\_\_

\_\_\_\_\_

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State any additional information you feel may be helpful in considering your application:

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Give name, address, and phone number of three references not related to you.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**EMPLOYMENT EXPERIENCE:** Start with your present or last job. Include any job-related Military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disability or other protected status.

Employer #1	From	To	Hr. Rate / Salary		Work Performed
			Start	Final	
Address					
Phone Number			Job Title		
Supervisor			Reason For Leaving		

Employer #2	From	To	Hr. Rate / Salary		Work Performed
			Start	Final	
Address					
Phone Number			Job Title		
Supervisor			Reason For Leaving		

Employer #3	From	To	Hr. Rate / Salary		Work Performed
			Start	Final	
Address					
Phone Number			Job Title		
Supervisor			Reason For Leaving		

Employer #4	From	To	Hr. Rate / Salary		Work Performed
			Start	Final	
Address					
Phone Number			Job Title		
Supervisor			Reason For Leaving		

Your background and work history will be discussed. Please answer all questions with a *yes or no*.

- |  | Yes   | No    |
|--|-------|-------|
| 1. Have you ever been disciplined or counseled in any aspect of any job you held.<br>If yes, (explain):  | _____ | _____ |
| 2. Have you ever been terminated or asked to resign from any job held?<br>If yes, (explain   | _____ | _____ |
| 3. Have you ever been disciplined or terminated for absenteeism, tardiness, failure to notify your company when absent, or any other attendance-related reason?<br>If yes, (explain):          | _____ | _____ |
| 4. Have you ever been convicted of a crime? ( <b>Other than a minor traffic violation</b> )<br>If yes, (explain): A yes answer will NOT automatically disqualify an individual for employment. | _____ | _____ |
| 5. Do you currently have any <b>PENDING</b> criminal charges?<br>If yes, (explain): A yes answer will NOT automatically disqualify an individual for employment.                               | _____ | _____ |
| 6. Are you legally authorized to work in the United States?  | _____ | _____ |

I certify that the above answers are true to the best of my knowledge. I understand that any falsification discovered before or after I am employed, may be cause for disqualification or removal from employment with LOGAN Community Resources, Inc.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Human Resources Designee

\_\_\_\_\_  
Date

## RESIDENTIAL PROGRAM ASSISTANTS

All applicants for Residential Program Assistants are required at the time of Application to declare all hours they are available to work along with the Total number of hours they are available to work.

If they applicant's availability does not meet the needs of LOGAN, he or she Will not be interviewed or hired.

Maximum number of hours available per week: \_\_\_\_\_

Times Available to Work:

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Day							
Evening							
Night							

Times Not Available to Work:

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Day							
Evening							
Night							

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Please Note.....

Your application for employment will not be considered without completion of this form at the time of application

We may contact the employers you have listed, unless you indicate those you do not want LOGAN to contact.

DO NOT CONTACT EMPLOYER NUMBER(S) \_\_\_\_\_

REASON \_\_\_\_\_

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Summarize special skills and qualifications acquired from other employment experience.

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Please read before signing this application: This application will be given every consideration, but its receipt does not imply that you will be employed. LOGAN is an Equal Opportunity Employer and selects the best matched individual for each job based on job related qualifications. If you have any questions regarding this statement please ask before signing. Any false information submitted on this application may be grounds for not employing you or for dismissing you if you begin work. All information submitted will be considered in reviewing your application and is subject to investigation. Your signature below indicates your approval to check references, except as indicated.

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Applicant Statement and Signature: I hereby affirm that my answers to the foregoing questions are true and complete to the best of my knowledge. I understand that misrepresentation or omission of the facts required in this application or other required documents will be cause for rejection of my application or my immediate dismissal if subsequently employed. I authorize LOGAN to investigate information set forth on this application and I release LOGAN and any other person, organization, or institution from any liability which may result from such investigation.

Additionally, I understand that nothing contained in this application or in the granting of an interview is intended to create an employment contract between LOGAN and myself for either employment or providing of any benefit. No promises regarding employment have been made to me and I understand that no such promise is binding upon LOGAN unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that LOGAN retains a similar right. I acknowledge that I have read the above statement and understand the same.

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Signature of Applicant

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Date

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DO NOT WRITE IN THE SPACE BELOW (For agency use only)

Comments: