

Application for Employment (Please attach resumè if available)

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, disability, religion, marital status, sexual orientation, ancestry or veteran status. ADA/EOE.

Today's Date: D					Date available for employment:				
Name:	Last			First			Middle		
Address:	Street					City			
					City				
Phone:	State		Zip	Email:					
Position Applied for:					Full Time or Part Time?				
Are you le	egally perr	nitted to work in the	e U.S.?		Yes □ No □				
Have you	previously	applied for a posit	ion at LUK?:		Yes □ No □				
				_	Yes [No □ If yes	, please explain.		
in the pas	t?	mployee/volunteer/s	student at LUF	ζ.		□ INO □ II yes,	, piease expiain.		
•	t?	nployee/volunteer/s		Course of Stu		Years Attended	Diploma/Degree		
in the pass	on:								
Educati School	on:								
Educati School High School Undergra	on:								

Employment History

Dates Employed:			
Start Date:	_		
End Date:			
	Whom to contact for references		
	Telephone #		
	Work Performed, Responsibilities		
Dates Employed:			
Elid Date.			
	Whom to contact for references		
	Telephone #		
	Work Performed, Responsibilities		
Dates Employed:			
Start Date:	_		
End Date:			
	Whom to contact for references		
	Telephone #		
t employers at this time?	Yes \square No \square		
	Dates Employed: Start Date: End Date: End Date: End Date: End Date: End Date:		

References: Please list three (2) professional / (1) personal references whom we may contact (Name/Email/Phone.) Do not nelude family members. Name Email Address Phone Number Thereby affirm that the information provided on this application (and resume submitted) is true and complete. I understand that any false or misleading representations or omissions may disqualify me from further consideration for employment and may result in dismissal if discovered atter date. It understand that the completion of this application does not assure me a position with LUK Crisis Center, Inc. I also understand that neither this application nor any other document constitutes a contract of employment for a specific term and that any employment relationship that may be stabilished will be "at will" and may be terminated at any time, with or without cause, by me or LUK Crisis Center, Inc. I understand that no epresentative of LUK Crisis Center, Inc. has the authority to enter into an agreement for employment with me contrary to the foregoing. Thereby authorize the LUK Crisis Center, Inc. to investigate all information pertinent to my application to provide that information to the Lerisis Center, Inc. and I hereby authorize all persons and organizations having information relevant to my application to provide that information to the Lerisis Center, Inc. and I hereby authorize to both dramless the LUK Crisis Center, Inc. and all those providing information to it from any liability are not of or as a result of the provision or use of such information. I understand that the offer of employment may be rescinded if my references are not of or as a result of the provision or use of such information to the offer of employment may be rescinded if my references are	Professional licenses or	Type	Registration	Date	Expired	State
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Date: _____

Signature of Applicant: