

**PERSONAL INFORMATION** 

# Please return application to any of our 3 facilities or email it to HRD.LCDH@gmail.com



## **APPLICATION FOR EMPLOYMENT**

We are committed to a policy of Equal Employment Opportunity and will not discriminate on any legally recognized basis, including but not limited to, race, age, color, religion, sex, marital status, national origin, citizenship, ancestry, physical or mental disability, or veteran status.

NAME:								
I	Last	FIRST	Middle					
PRESENT ADDRESS:								
	Street	Сіту	State	ZIP				
PERMANENT ADDRESS:	:							
	Street	Сіту	State	ZIP				
PHONE:		EMAIL:						
LAST 4 OF SOC:		ARE YOU UNDE	R THE AGE OF 18?:					
- FLADI OVIATRIT DECIDED								

S EMILIOAMENT DESIKED	Facility (circle one)		
Position:	Log Cabin   Delaney House   D.Hotel	DATE YOU CAN START:	DESIRED SALARY: \$

ARE YOU EMPLOYED NOW?

If so, may we contact your employer?

HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? IF SO, WHEN?

NAME & RELATIONSHIP OF ANY RELATIVES IN OUR COMPANY:

REFERRED BY/HOW DID YOU HEAR ABOUT US?

### **& EDUCATION**

EDUCATIONAL BACKGROUND	NAME & LOCATION OF SCHOOL	CIRCLE THE HIGHEST GRADE COMPLETED	MAJOR AREA OF STUDY
HIGH SCHOOL			
FROM:		9 10 11 12 / GED	
To:		,	
COLLEGE			
FROM:		1 2 3 4	
To:			
OTHER			
FROM:			
To:			

SUBJECTS OF SPECIAL STUDY/RESEARCH; SPECIAL TRAINING; ACTIVITIES:



POSITION:	DATE (MONTH & YEAR)		NAN	IE & ADDRESS			NAME OF S	UPERVISOR	REAS	ON FO	R LEAVING
POSITION:	Position			EMPLOYER							
POSITION:   POSITION:											
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20-50 LB											
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IN CASE OF EMERGENCY,	NOTIFY:										

ADDRESS:\_

PHONE:\_





## **APPLICANTS STATEMENT**

By signing this application, I understand that if hired by the company, I will be an employee at will. This means my employment with the company may be terminated at any time at the option of the company or me. I also understand that neither this application nor any communication by a management representative is intended to create or does in fact create a contract of employment.

I agree to conform to the rules and regulations of the company, and I understand that the company has complete discretion to modify such rules and regulations at any time, except that it will not modify its policy of employment at will.

The above information is complete and true to the best of my knowledge. I understand that any misrepresentation or omission on my part of the facts in this application may result in immediate dismissal.

I hereby authorize you to conduct any investigation necessary concerning any part of my background related to the position I am seeking. I release all parties from any liability in connection with the provision and use of such information.

APPLICANT'S SIGNATURE:	DATE:
	-Internal use only below this line
HIRED DATE:	□Social Security Card
SALARY/RATE:	_ □Рното I.D.
HIRING MANAGER:	■ EMPLOYEE HANDBOOK ACKNOWLEDGEMENT
	□Sexual Harassment Policy
START DATE:	□Substance Abuse Policy
	☐FIRE PREVENTION PLAN
	□ELECTRICAL SAFETY & LOCK-OUT/TAG-OUT PROGRAM
	☐SAFETY TIPS FOR FOOD SERVICE INDUSTRY