



Application for Employment

25 Wormy Chestnut Lane
Canton, NC 28716
Lakelogan.org
828.646.0095

LLCC is proud to be an Equal Opportunity Employer. In order to provide equal employment and advancement opportunities to all individuals, employment decisions at LLCC will be based on merit, qualifications, and abilities. LLCC does not discriminate in employment opportunities or practices because of race, color, sex, sexual orientation, gender identity, national origin, age, disability, or veteran status. Episcopalians *may* receive some preference. LLCC actively solicits applications from and representation by under-represented groups.

DO NOT WRITE HERE

DATE RECEIVED _____

INTERVIEWED BY _____ DATE _____

PERSONAL INFORMATION

Legal Name _____ Social Security # _____

Goes by Name _____ Email _____

Address _____ City, State, Zip _____

Home Phone _____ Cell Phone _____

Are you 18 or older? _____ If no, list birth date _____

List all states in which you have previously resided _____

Other names used in previous employment _____

Position for which you are applying _____

Date of Application _____ Date available for work _____

Are you available to work the following?

Weekdays? _____ Evenings? _____ Saturdays? _____ Sundays? _____

Are you legally eligible to work in the United States? _____

Have you been convicted of a felony or misdemeanor (other than a minor traffic violation)? _____

If so, please describe.

Do you have any questions or concerns regarding the criminal background investigation?

EMPLOYMENT HISTORY

Are you currently employed? _____ If yes, may we contact your current employer? _____

Please list all employment for at least the past twenty years beginning with your most recent employment. Use additional pages if necessary.

CURRENT/MOST RECENT EMPLOYER: _____

Address, City, State, Zip _____

Supervisor _____ Telephone _____ Email _____

Position _____ Dates of Employment _____ - _____ Last Salary _____

Responsibilities _____

Reason for leaving _____

NEXT MOST RECENT EMPLOYER: _____
Address, City, State, Zip _____
Supervisor _____ Telephone _____ Email _____
Position _____ Dates of Employment _____ - _____ Last Salary _____
Responsibilities _____
Reason for leaving _____

NEXT MOST RECENT EMPLOYER: _____
Address, City, State, Zip _____
Supervisor _____ Telephone _____ Email _____
Position _____ Dates of Employment _____ - _____ Last Salary _____
Responsibilities _____
Reason for leaving _____

NEXT MOST RECENT EMPLOYER: _____
Address, City, State, Zip _____
Supervisor _____ Telephone _____ Email _____
Position _____ Dates of Employment _____ - _____ Last Salary _____
Responsibilities _____
Reason for leaving _____

Have you ever been involuntarily discharged, asked to leave a position, or failed to be re-employed? _____

If yes, please describe.

EDUCATION

High School _____ Years Completed 1 2 3 4
City, State _____ Did you graduate? _____ Degree received? _____

College _____ Years Completed 1 2 3 4
City, State _____ Did you graduate? _____ Degree received? _____

Course(s) of Study _____

Post College _____ Years Completed 1 2 3 4
City, State _____ Did you graduate? _____ Degree received? _____
Course(s) of Study _____

Other _____ Years Completed 1 2 3 4
City, State _____ Did you graduate? _____ Degree received? _____
Course(s) of Study _____

List any skills, training, certifications, volunteer work, hobbies, or special interests that may help qualify you for this position.

NOTE:

Should an offer of employment be extended, before you begin your employment, you will be required to submit to this organization certain documents for review which verify **both your employment authorization and your identity**. Copies of the documents you may have to submit will be made and retained by the organization for the period of time prescribed by the Immigration Control Act of 1986.

Also, before being offered employment, you will be required to undergo a criminal background investigation. In addition, applicants should be aware that **all employees with a drivers' license are required to maintain automobile liability insurance** in the amounts required by state law and proof of this insurance will be required at least annually.

REFERENCES

Provide information for three professional references not related to you that can speak to your work experience.

Reference 1

Name _____ Telephone _____

Address _____ City, State, Zip _____

Email _____

Organization _____ Position _____

In what capacity do you know this person? _____

Reference 1

Name _____ Telephone _____

Address _____ City, State, Zip _____

Email _____

Organization _____ Position _____

In what capacity do you know this person? _____

Reference 1

Name _____ Telephone _____

Address _____ City, State, Zip _____

Email _____

Organization _____ Position _____

In what capacity do you know this person? _____

APPLICANT CERTIFICATION

I certify that the answers provided 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. I understand that this application is not and is not intended to be a contract of employment. In the event of employment, I understand that false or misleading information given on my application or interview(s) may result in my discharge. Furthermore, I understand that if I am employed, the terms of my employment may be modified at any time by Lake Logan Conference Center. I understand that if I am employed, my employment is conditional until the results of my criminal background record, reference checks, and other documents required by law are completed, and until information given by me has been verified. I further understand that I may be required to pass a drug screening by a physician or entity selected by the organization as a condition of continued employment. In the event of my employment, I will comply with all rules and regulations set forth in the Lake Logan Conference Center Employment Manual and other communications distributed to employees.

Applicant's Signature: _____ Date: _____