

Equal access to programs, services, and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip

Telephone # ( ) \_\_\_\_\_ Mobile / Other Phone # ( ) \_\_\_\_\_ Email \_\_\_\_\_

Position(s) applied for \_\_\_\_\_ Date of Application \_\_\_\_\_

**Referral Source** (Please check the appropriate category and name the source.)

- |  |  |
|--|--|
| <input type="checkbox"/> Walk-in _____       | <input type="checkbox"/> School _____          |
| <input type="checkbox"/> Employee _____      | <input type="checkbox"/> Job Fair _____        |
| <input type="checkbox"/> Advertisement _____ | <input type="checkbox"/> Staffing Agency _____ |
| <input type="checkbox"/> Internet _____      | <input type="checkbox"/> Other _____           |

If necessary, best time to call you at home is \_\_\_\_\_ : \_\_\_\_\_ am/pm.

May we contact you at work?  Yes  No If **Yes**, work number and best time to call: \_\_\_\_\_ : \_\_\_\_\_

If you are under 18 and it is required, can you furnish a work permit?  Yes  No If **No**, explain: \_\_\_\_\_

Have you submitted an application here before?  Yes  No If **Yes**, give dates and position(s): \_\_\_\_\_

Have you ever been employed here before?  Yes  No If **Yes**, give dates: From \_\_\_ / \_\_\_ / \_\_\_ To \_\_\_ / \_\_\_ / \_\_\_

Are you legally eligible for employment in this country?  Yes  No **Date available for work:** \_\_\_ / \_\_\_ / \_\_\_

What is your desired salary range or hourly rate of pay? \$ \_\_\_\_\_ Per \_\_\_\_\_

Type of employment desired:  Full-time  Part-time  Seasonal  Temporary  Educational Co-Op

Will you relocate if job requires it?  Yes  No Will you travel if job requires it?  Yes  No

If they have been explained to you, are you able to meet the attendance requirements of the position?  Yes  No  N/A

Will you work overtime if required?  Yes  No If **No**, explain: \_\_\_\_\_

*Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of violation, rehabilitation and position applied for will be taken into account.*

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime (other than a traffic violation)?  Yes  No

If **Yes**, please provide details: \_\_\_\_\_

**References:**

List the name and telephone number of three (3) business / work references who are **not** related to you and are **not** previous supervisors. If not applicable, list three school or personal references that are not related to you.

Name	Title	Relationship to You	Telephone	# of Years Known

**Employment History:**

Starting with your most recent employer, provide the following information:

Employer	Address	City	State	Telephone ( )	Supervisor's Name
Dates Employed: MO YR MO YR From / To /		Starting Salary \$ Per		Ending Salary \$ Per	Other Compensation (Bonus) \$
Why did you leave?					
Summarize the type of work performed and job responsibilities:					

Employer	Address	City	State	Telephone ( )	Supervisor's Name
Dates Employed: MO YR MO YR From / To /		Starting Salary \$ Per		Ending Salary \$ Per	Other Compensation (Bonus) \$
Why did you leave?					
Summarize the type of work performed and job responsibilities:					

Employer	Address	City	State	Telephone ( )	Supervisor's Name
Dates Employed: MO YR MO YR From / To /		Starting Salary \$ Per		Ending Salary \$ Per	Other Compensation (Bonus) \$
Why did you leave?					
Summarize the type of work performed and job responsibilities:					

Employer	Address	City	State	Telephone ( )	Supervisor's Name
Dates Employed: MO YR MO YR From / To /		Starting Salary \$ Per		Ending Salary \$ Per	Other Compensation (Bonus) \$
Why did you leave?					
Summarize the type of work performed and job responsibilities:					

Explain any gaps in your employment, other than those due to personal illness, injury or disability: \_\_\_\_\_

If not addressed above, have you ever been fired or asked to resign from a job?  Yes  No If Yes, please explain: \_\_\_\_\_

**Skills and Qualifications:**

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying: \_\_\_\_\_

**Computer Skills:**

- |   |  |
|---|--|
| <input type="checkbox"/> Word Processing _____ Years: _____ | <input type="checkbox"/> Internet _____ Years: _____ |
| <input type="checkbox"/> Spreadsheet _____ Years: _____     | <input type="checkbox"/> Database _____ Years: _____ |
| <input type="checkbox"/> Other _____ Years: _____           | <input type="checkbox"/> Other _____ Years: _____    |

**Educational Background:**

Starting with your most recent school attended, provide the following information:

School (Include City & State)	Years Completed	Completed	GPA Class Rank	Major / Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		

**Related Information:**

To what job-related organization (professional, trade, etc.) do you belong?

*Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.*

List special accomplishments, publications, awards, etc.

*Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.*

Is there any other job-related information you want us to know about you? \_\_\_\_\_

**Applicant Statement:**

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume, or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that Lakeside Occupational Medical Centers, PA (LOMC) does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from LOMC and still wish to be considered for employment, it will be necessary for me to reapply and complete a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and LOMC reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by a LOMC Director.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

***I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from LOMC's service, whenever it is discovered.***

I understand that LOMC is a Drug Free Workplace (DFWP) and I will be required to comply with all policies of the program. I understand that any employment offer is contingent upon my successful completion of a pre-employment medical examination (which includes a drug test) and satisfactory verification of previous employment.

I certify that I have read, fully understand and accept all terms of the foregoing applicant statement.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Affirmative Action Voluntary Information

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations which may apply, we invite you to complete this applicant data survey. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

PLEASE PRINT

Position(s) applied for \_\_\_\_\_ Date: \_\_\_\_\_

**Referral Source**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Walk-in                      | <input type="checkbox"/> Government Employment Agency | <input type="checkbox"/> Private Employment Agency |
| <input type="checkbox"/> Employee                     | <input type="checkbox"/> Relative                     | <input type="checkbox"/> School                    |
| <input type="checkbox"/> Advertisement – Source _____ | <input type="checkbox"/> Other _____                  |  |

Name of person who referred you (if applicable) \_\_\_\_\_

**Applicant Information**

Name \_\_\_\_\_ Telephone # \_\_\_\_\_  

Last
First
Middle

Address \_\_\_\_\_  

Street
City
State
Zip

Male       Female

**Please check one of the following Equal Employment Opportunity Identification Groups:**

<input type="checkbox"/> White (not of Hispanic origin)	<input type="checkbox"/> Black (not of Hispanic origin)	<input type="checkbox"/> Hispanic
<input type="checkbox"/> American Indian / Alaskan Native	<input type="checkbox"/> Asian / Pacific Islander	<input type="checkbox"/> Multiracial (having parents of diff races)

This identification is recognized only in Michigan.

**For Administrative Use Only**

Position(s) applied for     Available                       Not Available

Other positions considered for \_\_\_\_\_

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Hired     Yes                       No

Position Hired for \_\_\_\_\_ Date of Hire \_\_\_\_\_

From the EEO job classification listed below, which one best describes the position filled?

<input type="checkbox"/> Officials and Managers	<input type="checkbox"/> Sales Workers	<input type="checkbox"/> Operatives (semi-skilled)
<input type="checkbox"/> Professionals	<input type="checkbox"/> Office and Clerical Workers	<input type="checkbox"/> Laborers (unskilled)
<input type="checkbox"/> Technicians	<input type="checkbox"/> Craft Workers (skilled)	<input type="checkbox"/> Service Workers

Notes \_\_\_\_\_

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Completed By: \_\_\_\_\_ Date \_\_\_\_\_