

EMPLOYMENT APPLICATION

PERSONAL DATA				
FIRST NAME	LAST NAME	M.I.	DATE	
HOME ADDRESS		CITY	STATE	ZIPCODE
MOBILE PHONE	HOME PHONE	WORK PHONE	EMAIL	
LRA embraces the healthy concept of a Drug Free Workplace and may require pre-employment drug screening as well as ongoing random testing of all employees.				
POSITION INFORMATION				
POSITION APPLIED FOR	SALARY EXPECTATION (Hourly or Salary)		DATE AVAILABLE TO WORK?	
EMPLOYMENT DESIRED: (CHECK ALL THAT APPLY) FULL TIME PART TIME TEMPORARY SEASONAL				
ARE YOU AVAILABLE WEEKENDS? YES NO		ARE YOU AVAILABLE TO RELOCATE? YES NO		WILLING TO RELOCATE AT OWN EXPENSE? YES NO
HAVE YOU WORKED AT LRA PREVIOUSLY? YES NO	IF YES, PROVIDE DATE:	DO YOU HAVE RELATIVES EMPLOYED BY LRA? YES NO	PROVIDE RELATIVES NAME:	
ARE YOU SUBJECT TO RECALL DUE TO FURLOUGH STATUS OR LAYOFF? YES NO		IF POSITION REQUIRES ARE YOU AVAILABLE TO TRAVEL? YES NO	FOR DRIVING POSITIONS: DO YOU HAVE A VALID DRIVER'S LICENSE? YES NO	
ELIGIBILITY (VERICATION WILL BE REQUIRED)				
ARE YOU ELIGIBLE FOR EMPLOYMENT IN THE USA? YES NO	ARE YOU 18 YEARS OF AGE OR OLDER? YES NO	ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THE U.S. BECAUSE OF VISA OR IMMIGRATION STATUS? YES NO		
<i>(PROOF OF CITIZENSHIP OR IMMIGRATION STATUS WILL BE REQUIRED UPON EMPLOYMENT.)</i>				
<i>(PLEASE COMPLETE AFTER REVIEWING THE REQUIREMENTS OF THE POSITION FOR WHICH YOU ARE APPLYING.)</i>				
ARE YOU ABLE TO PERFORM FUNCTIONS OF THE POSITION WITH OR WITHOUT AN ACCOMMODATION? YES NO				
DESCRIBE ANY RELATED CERTIFICATIONS, SKILLS OR TRAINING YOU HAVE FOR THE POSITION YOU ARE APPLYING:				

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EDUCATION					
TYPE OF SCHOOL	NAME OF SCHOOL CITY, STATE	DID YOU GRADUATE?	TYPE OF DIPLOMA OR DEGREE	FIELD OF STUDY	IF NO DEGREE, NUMBER OF CREDITS RECEIVED
High School					
College/ University					
Graduate School					
Trade or Professional					

REFERENCES			
LIST TWO FORMER SUPERVISORS OR PROFESSIONAL REFERENCES THAT WE MAY CONTACT:			
NAME	EMAIL	TELEPHONE	YEARS KNOWN
1.			
2.			

FOR JOBS INVOLVING COMPUTER USE, PLEASE INDICATE SOFTWARE SKILLS LEVELS:

	HIGHLY PROFICIENT	PROFICIENT	SOMEWHAT PROFICIENT	NO SKILLS	SPECIFY
MICROSOFT WORD OR EQUIVALENT					
EXCEL OR EQUIVALENT					
EXCHANGE, OUTLOOK OR EQUIVALENT					
OTHER COMPUTER SOFTWARE					
TEN KEY CALCULATOR					
OTHER OFFICE EQUIPMENT					

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WORK HISTORY

List most recent employment first. Please explain periods of unemployment (e.g., stayed home, schooling, volunteer work, etc.). Include all jobs held within the last five (5) years and earlier employment if it is relevant to the job for which you are applying.

Use an extra sheet of paper if necessary

PLEASE DO NOT SIMPLY STATE "REFER TO RESUME"

1.	EMPLOYER				SUPERVISOR NAME		
	ADDRESS				SUPERVISOR TITLE		
	CITY, STATE, ZIP CODE				TELEPHONE NUMBER		
	EMPLOYED	FROM	TO	STARTING SALARY		ENDING SALARY	
	MAY WE CONTACT THIS EMPLOYER	YES	NO	BONUS		OTHER COMP	
	LAST JOB TITLE:			NATURE OF WORK:			
	REASON FOR LEAVING:						
2.	EMPLOYER				SUPERVISOR NAME		
	ADDRESS				SUPERVISOR TITLE		
	CITY, STATE, ZIP CODE				TELEPHONE NUMBER		
	EMPLOYED	FROM	TO	STARTING SALARY		ENDING SALARY	
	MAY WE CONTACT THIS EMPLOYER	YES	NO	BONUS		OTHER COMP	
	LAST JOB TITLE:			NATURE OF WORK:			
	REASON FOR LEAVING:						
3.	EMPLOYER				SUPERVISOR NAME		
	ADDRESS				SUPERVISOR TITLE		
	CITY, STATE, ZIP CODE				TELEPHONE NUMBER		
	EMPLOYED	FROM	TO	STARTING SALARY		ENDING SALARY	
	MAY WE CONTACT THIS EMPLOYER	YES	NO	BONUS		OTHER COMP	
	LAST JOB TITLE:			NATURE OF WORK:			
	REASON FOR LEAVING:						

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CERTIFICATION STATEMENT

PLEASE READ BEFORE SIGNING

LRA affords all employees and job applicants equal employment opportunities in hiring, promotion, and all terms and conditions of employment without discrimination because of age, sex, marital status, race, religion, color, veteran status, national origin, sexual orientation, gender identity or the presence of any sensory, mental, or physical disability, unless based upon a bona fide occupational qualification or the hiring preferences described above.

LRA does not guarantee a minimum term of employment to at-will employees. I understand that I am applying for at-will employment with LRA, which means that employment can be terminated at any time with or without cause. I further understand that if I am hired, this at-will employment relationship with LRA cannot be changed except by a written document signed by the President.

In the event of my employment with LRA, I will comply with all the company's rules, procedures, and regulations, including those rules and regulations set forth in LRA policy manuals and other communications distributed to employees. I understand that the furnishing of any misleading or incorrect information will render this application void and may result in termination after I am hired.

I further understand that submitting this application to LRA does not imply an interview will be conducted or that I will be employed.

I certify that all statements made on this application are true and complete to the best of my knowledge and I have withheld nothing that would unfavorably affect this application, if disclosed.

I authorize LRA to perform a background check to determine my suitability for initial or continued employment, which may include gathering information relating to my educational qualifications, employment and military experience, criminal record, driving record, character, reputation and other personal characteristics as those subjects bear on my suitability for employment. I further agree that LRA may withhold the release to me of information gathered from references or former employers, provided that the information obtained is used solely to determine my suitability for employment with LRA.

AUTHORIZATION

CHECK THIS BOX

I HERBY ACKNOWLEDGE THAT I HAVE READ THE ABOVE STATEMENT AND UNDERSTAND THE SAME.

Signature of applicant: _____ Date: _____

PLEASE SUBMIT COMPLETED APPLICATION TO:

EMAIL: EMPLOYMENT@LRASSOCIATESLLC.COM OR FAX 703.457.6535

ATTN: EMPLOYMENT