

EMPLOYMENT HISTORY

Give Employment Record – As Completely As Possible – Starting With Your Present or Last Employer

Company Name	Telephone ()
Street	Employed (Month, Year) From:
City, State, Zip	To:
Final Job Title	Final Wages \$
Name of Supervisor	Reason for Leaving May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Company Name	Telephone ()
Street	Employed (Month, Year) From:
City, State, Zip	To:
Final Job Title	Final Wages \$
Name of Supervisor	Reason for Leaving May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

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City, State, Zip	To:
Final Job Title	Final Wages \$
Name of Supervisor	Reason for Leaving May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Education

Type	School & Address	Did you Graduate?	Academic Major	Degree Received
High School				
College				
Trade or Technical				
Other				

U.S Military

Branch of U.S. Military Service

Military School

Area of Specialization

References

Give a Minimum of Four References (Preferably Work Related)

DO NOT USE RELATIVES

Name	Address	Telephone
	Street	Work:
	City, State, Zip	Home:
	Street	Work:
	City, State, Zip	Home:
	Street	Work:
	City, State, Zip	Home:
	Street	Work:
	City, State, Zip	Home:
	Street	Work:
	City, State, Zip	Home:

PLEASE READ CAREFULLY BEFORE SIGNING

I certify that all information I have given on this application is true and complete and understand that any false information or the omission of information may be considered as sufficient reason to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I understand that, if employed by LSS, it will be on a probationary basis. I also recognize that this is not an employment contract. **Employment will be at-the-will** of the company and can be terminated at anytime. If I am hired, I understand that I am free to resign at any time, with or without cause and with proper notice as required by LSS Human Resources policy.

I understand that, according to LSS's policy, I am required to undergo a drug-screening test as a condition of employment. To comply with that requirement, I consent to providing a sample of my urine prior to employment and again at any time requested. I further consent to allow any doctor, hospital or testing laboratory to conduct any medical test or examination as may be required by LSS as a condition of my employment. I hereby give my permission to the release of all information which LSS deems necessary to determine my abilities to perform job duties now and in the future.

I further understand that refusal to submit to an alcohol or drug screen test at any time will result in immediate discharge from LSS. I also understand that failure to pass an alcohol or drug screening at any time during my employment may result in immediate discharge from LSS.

I hereby authorize LSS to investigate my employment records with former employers, personal references and to make any further investigations deemed necessary in connection with my application for employment. I do hereby release LSS and all informants from all liability resulting from such investigations. I waive all rights to see or review the information so furnished.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing an applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for 6 months. It will be necessary to reapply and fill out a new application if I have not heard from LSS and still wish to be considered for employment.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE
I certify that I have read, fully understand and accept all terms of the forgoing Applicant Statement.

Signature of Applicant _____ **Date** ____ / ____ / ____.

INTERVIEWER USE ONLY

Interviewer: _____

Date: _____

Title of Position: _____

Offer: Yes No **Deselect:** Yes No

Unit (nursing): _____

Full Time, Part Time or Per Diem: _____

For HR purposes only:

Department _____

Rate _____

Position _____

Accepted _____

Letter Sent _____

Physical _____

Drug Test _____

Orientation _____