



## Employment Application

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number: \_\_\_\_\_

List all States in which you have lived within the last 10 years: \_\_\_\_\_

Have you ever been convicted of a crime?  No  Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Professional Certifications: \_\_\_\_\_

Are you: CPR certified?  Yes  No Expires: \_\_\_\_\_ First Aid certified?  Yes  No Expires: \_\_\_\_\_

Relevant Experience (paid or volunteer) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

May we contact your present employer?  Yes  No

How did you hear about employment opportunities with LPRD?

Website  Facebook  Flyer  Word-of-Mouth  Publication: \_\_\_\_\_  Other \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_