



2375 Back Orrville Road, Wooster, OH 44691
(p) 330-263-5000 | lighthousewooster.com

APPLICATION FOR EMPLOYMENT 1/4

We are an equal opportunity employer. We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status. Any application submitted for consideration shall be considered active for a period of time not to exceed 60 days.

PERSONAL

Date of Application:

Last Name: First Name: Middle:

Current Address: City: State, ZIP:

Home Phone: Secondary Phone:

How did you learn about the company? (Circle one)

Print Advertisement Radio Advertisement Friend Current Employee Walk-In Internet

Other

Do you have any relatives or friends who work for the company? (Circle one) Yes No

If yes, who and where do they work?

What position are you applying for?

What is your wage requirement?

Are you available to work: (Circle all that apply) Days Evenings Weekends Full-Time Part-Time Seasonal

Please list any days or times you are unable to work:

Are you legally authorized to work in the United States? (Circle one) Yes No

Are you at least 18 years of age? (Circle one) Yes No

Have you ever been employed with us before? (Circle one) Yes No

If yes, give date: If yes and under a different name, give name:

Have you ever applied for employment with Lighthouse/LHP Inc. or one of its divisions/subsidiaries? (Circle one) Yes No

When would you be available to begin employment?

Have you ever been convicted of a crime other than a minor traffic violation? (Circle one) Yes No

If yes, please describe:

An affirmative answer will not necessarily disqualify you from employment

APPLICATION FOR EMPLOYMENT 2/4

EDUCATION

Type of School	Name & Address of School	Course of Study	Circle Last Year Attended	Circle Graduation Status
High School			9 10 11 12	Yes No GED Yes No
Vocational or Trade School			9 10 11 12	Yes No
College			9 10 11 12	Yes No
Graduate School			9 10 11 12	Yes No

Describe any specialized training, skills or qualifications you believe should be considered in evaluating your qualifications for employment:

Please list all computer software programs in which you are proficient:

If applying for an administrative/clerical position, what is your typing speed/WPM?

EMPLOYMENT HISTORY

Please explain any periods of unemployment and/or gaps in employment.

Start with your present or most recent job and continue with all past employment (Attach a separate sheet if necessary)

Have you ever been discharged from any employment or asked to resign? (Circle one) Yes No

If Yes, please explain:

May we contact your current employer? (Circle one) Yes No N/A

Name of Company:	Job Title:	From:	To:
Address:	City	State, ZIP:	
Job Duties:	Reason for Leaving:		
Starting Salary:	Final Salary:	Bonus/Commission:	
Name and Title of Immediate Supervisor:		Phone Number:	

Name of Company:	Job Title:	From:	To:
Address:	City	State, ZIP:	
Job Duties:	Reason for Leaving:		
Starting Salary:	Final Salary:	Bonus/Commission:	
Name and Title of Immediate Supervisor:		Phone Number:	

EMPLOYMENT HISTORY 3/4

Please explain any periods of unemployment and/or gaps in employment.

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Address:	City	State, ZIP:	
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Address:	City	State, ZIP:	
Job Duties:	Reason for Leaving:		
Starting Salary:	Final Salary:	Bonus/Commission:	
Name and Title of Immediate Supervisor:			Phone Number:

Continued

3 REFERENCES 4/4

Name:	Occupation / Job Title:
How do you know this person?	How long have you known this person?
Address:	Phone Number:
Name:	Occupation / Job Title:
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Address:	Phone Number:
Name:	Occupation / Job Title:
How do you know this person?	How long have you known this person?
Address:	Phone Number:

APPLICANT'S CERTIFICATION AND AGREEMENT *Please read the following statement carefully before signing.*

I certify that the information contained in the application is true, accurate and complete. I understand that the falsification, misrepresentation or omission of fact on this application will be cause for denial of employment or termination of employment, regardless of when or how discovered. I authorize the investigation of all statements and information contained in this application. I release from liability anyone supplying such information.

I further certify that I am not a party to any agreement or understanding, written or oral, which prevents me from working for the Company or prevents me from performing any duties of the position I am submitting this application. If there is any legal impediment which prevents me from performing the job for which I am hired, I understand it will be cause for denial of employment or termination of employment, regardless of when or how discovered. I further certify that if I am hired, I will not improperly use or disclose any confidential information or trade secrets, if any, of any former employer or person to whom I have an obligation of confidentiality unless consented to in writing by that former employer or person.

In consideration of my employment, I agree to abide by the Company's rules and regulations. I understand that this application does not constitute any employment contract and that my employment with the Company will be at-will, which means it may be terminated without cause, without notice, at any time at the option of the Company or myself.

Signature: _____ Date: _____