



Date _____

LAKESHORE

4000 Ridgeway Drive
Birmingham, Alabama 35209

APPLICATION FOR EMPLOYMENT

In compliance with applicable laws, this company does not discriminate because of age, sex, race, color, religion, marital status, national origin, veteran status, or disability.

INSTRUCTIONS: Please type or print in ink. Be sure to answer all questions. If any questions do not apply to you, answer with "No" or "Not Applicable" (N/A). A resume may be attached, but please do not substitute resume for the information requested.

Position Applied For _____ Minimum Salary Requirement _____

Status Preferred Full Time Part Time Temporary

Who referred you to Lakeshore Foundation? _____

Have you ever worked for Lakeshore Foundation before? Yes No

Where? _____ When? _____

Have you ever applied with Lakeshore Foundation before? Yes No

Where? _____ When? _____

Date you will be available if your application for employment is accepted. _____

GENERAL INFORMATION

Name _____
(Last) (First) (Middle) Social Security Number _____

Present Address _____ City, State, Zip _____ How Long? _____

Previous Address _____ City, State, Zip _____ How Long? _____

Telephone Number and Area Code Home _____ Work _____

Check one to indicate your citizenship status Legal Citizen Resident Alien Student Visa Visitor's Visa

If you are not a citizen, what is your Visa Number and Expiration Date? _____

PROFESSIONAL REGISTRATIONS or LICENSURES

Type: 1. _____ State 1. _____ Renewal Date 1. _____ Expiration Date 1. _____
2. _____ State 2. _____ Renewal Date 2. _____ Expiration Date 2. _____

GENERAL INFORMATION *(continued)*

Have you ever served in the U.S. armed forces? Yes No

Length of Military Service From _____ To _____

Have you ever been bonded? Yes No

Have you ever been convicted of a felony? Yes No If yes, what was the felony? _____

If yes, when was the felony? _____ If yes, what was the outcome *(explain fully)*. _____

Have you ever been terminated from or asked to resign a position? Yes No

Person to be notified in case of emergency Name _____ Telephone Number _____

EMPLOYMENT HISTORY

Name and Address of Employer	Dates Employed From – To (Month & Year)	Position(s) Held	Salary Starting / Leaving
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name, Title and Phone No. (if accessible) of Supervisor(s) at current and previous jobs.

(Name) _____ (Title) _____ (Telephone No.) _____

(Name) _____ (Title) _____ (Telephone No.) _____

(Name) _____ (Title) _____ (Telephone No.) _____

May we contact current and previous supervisor(s)? Yes No

EDUCATION

School Name	City & State	Attended (Years)	Graduated	Major
High School and/or GED				
_____	_____	-	<input type="checkbox"/> Yes <input type="checkbox"/> No	
_____	_____	-	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				
_____	_____	-	<input type="checkbox"/> Yes <input type="checkbox"/> No	
_____	_____	-	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School				
_____	_____	-	<input type="checkbox"/> Yes <input type="checkbox"/> No	
_____	_____	-	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade, Business or Correspondence				
_____	_____	-	<input type="checkbox"/> Yes <input type="checkbox"/> No	
_____	_____	-	<input type="checkbox"/> Yes <input type="checkbox"/> No	

List any other training you have had _____

List extracurricular activities, offices held _____

List academic honors or other special recognition _____

OTHER SKILLS

Accounting Yes No Bookkeeping Yes No Type Yes No - If yes, words per minute

Computer Yes No

List Computer Programs _____

Other (list) _____

SUMMARY OF QUALIFICATIONS

This space is provided for you to briefly summarize any additional qualifications you feel are important in considering your application for employment.

APPLICANT'S STATEMENT

I confirm that the above information is truthful and complete. I will, if hired abide by all Lakeshore Foundation policy and procedures. I authorize Lakeshore Foundation to inquire on the information contained in this application, and authorize any individual contacted during this inquiry to give you any and all information concerning my previous employment, professional references and personal references.

I certify that I have read, understand and agree to the above.

Applicant's Signature

Date