

# LIFE-SKILLS AND INDIVIDUAL NEEDS CENTER

862 S. Main #8, Brigham City UT 84302

435-723-3913 Fax: 435-723-1644

[linc.organization@gmail.com](mailto:linc.organization@gmail.com)



## Employment Application

Employment  Internship

### APPLICANT INFORMATION

Last Name				First			M.I.	Date		
Street Address										
City				State			ZIP			
Phone				E-mail Address						
Date Available				Social Security No.			Desired Salary			
Position Applied for										
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>					
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?							
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain							

### EDUCATION

High School				Address						
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
College				Address						
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
Other				Address						
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
List of licenses or certificates you may have that pertain to this kind of work:										
Office Skills:										

### REFERENCES

*Please list three personal references.*

Full Name				Relationship						
Address				Phone						
Full Name				Relationship						
Address				Phone						
Full Name				Relationship						
Address				Phone						

**AVAILABILITY FOR WORK**

Date available to begin

What days and hours are you available to work?

Full Time  Part Time  Temporary  Seasonal  Evenings  Weekends Have you ever worked for LINC before? YES  NO  When?

Do you have any continuing military obligations such as National Guard or Reserve, which might affect your work schedule?

Do you authorize us to contact your previous employers for references? YES  NO Do you have any friends or relatives currently working for LINC? YES  NO 

If so, please list their name(s) and relation:

**PREVIOUS EMPLOYMENT**

Company

Phone

Address

Supervisor

Job Title

Starting Salary \$

Ending Salary \$

Responsibilities

From

To

Reason for Leaving

May we contact your previous supervisor for a reference? YES  NO 

Company

Phone

Address

Supervisor

Job Title

Starting Salary \$

Ending Salary \$

Responsibilities

From

To

Reason for Leaving

May we contact your previous supervisor for a reference? YES  NO 

Company

Phone

Address

Supervisor

Job Title

Starting Salary \$

Ending Salary \$

Responsibilities

From

To

Reason for Leaving

May we contact your previous supervisor for a reference? YES  NO **DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date