

THE LIGHT CENTER
APPLICATION FOR EMPLOYMENT
 (PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

Name (Last Name First) _____ Soc. Sec. # _____ Date _____

Address _____ Phone # _____

What kind of work are you applying for? _____

What special qualifications do you have? _____

What office machines can you operate? _____

Are you 18 years or older? Yes _____ No _____

Are you prevented from lawfully becoming employed in this country because of visa or immigration status? Yes _____ No _____

SPECIAL PURPOSE QUESTIONS

DO NOT ANSWER **ANY** OF THE QUESTIONS IN THIS FRAMED AREA UNLESS THE EMPLOYER HAS **CHECKED A BOX PRECEEDING A QUESTION**. THEREBY INDICATING THAT THE INFORMATION IS REQUIRED FOR A BONA FIDE OCCUPATIONAL QUALIFICATION, OR DICTATED BY NATIONAL SECURITY LAWS, OR IS NEEDED FOR OTHER LEGALLY PERMISSABLE REASONS.

Height _____ Feet _____ Inches Weight _____ lbs. Are you a U.S. citizen Yes _____ No _____

Have you been convicted of a felony or misdemeanor within the last 5 years? * Yes _____ No _____ Describe _____

I understand and agree that I may be required to take one or more: physical examination; lie detector test(s), as a condition of hiring or continued employment. I agree to consent to take such test(s) at such time as designated by the Company and to release the Company, its directors, officers, agents or employees from any claim arising in connection with the use of such test(s). Yes _____ No _____

I have been advised that lie detector tests, as a condition of hiring or continued employment, are prohibited by law. Yes _____ No _____
 *You will not be denied employment solely because of a conviction record, unless the offense is related to the job for which you have applied.

MILITARY SERVICE RECORD

Branch of Service _____ Discharge Date _____ Rank _____

Present membership in National Guard or Reserves _____ Date obligation ends _____

EDUCATION

SCHOOL	NO. OF YEARS ATTENDED	NAME OF SCHOOL	CITY	COURSE	DID YOU GRADUATE?
GRAMMAR					
HIGH					
COLLEGE					
OTHER					

EXPERIENCE

NAME AND ADDRESS OF COMPANY	DATE		LIST YOUR DUTIES	STARTING SALARY	FINAL SALARY	REASON FOR LEAVING
	FROM	TO				

BUSINESS REFERENCES

NAME	ADDRESS	OCCUPATION

AUTHORIZATION

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

Date: _____ Signature: _____