

LAKESHORE RESCUE MISSIONS, INC

Application for Employment

Last Name	First Name	Middle Name	Home Phone
Address		Street	Work Phone
City	State	Zip	Other Phone

How long have you been a resident of this city?	State?	Driver's License Number
What position are you applying for?		Driver's License State
Do you have a legal right to work in the U.S.? <i>Proof of citizenship or immigration status required upon employment.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Email:
If under 18 years of age, can you provide proof of your eligibility to work?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Birth Date (optional)
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Anniversary (optional)
May we contact your current employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Spouse's Name (optional)
Are you currently on layoff subject to recall?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Can you travel if a job requires it?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
On what dates are you available to work?	Hours available:	
Are you available to work: <input type="checkbox"/> Fulltime <input type="checkbox"/> Part Time <input type="checkbox"/> Shift Work <input type="checkbox"/> Temporary		
If you have a minimum salary requirement, please state amount: \$		
Have you ever been convicted of, or pleaded guilty or no contest to, any crime under your current name or another name? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:		
Have you been convicted of a felony within the last 7 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:		
Have you at any time ever been arrested for any reason? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:		
Have you at any time ever participated in, been accused or convicted of, or pleaded guilty or no contest to any abuse or sexual misconduct? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:		
Are you aware of having any traits or tendencies that could pose any threat to children, youth, or others? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain in detail:		
Are you aware of any reason why you should not work with children, youth, or others? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain in detail:		
Have you ever been employed by Lakeshore Rescue Missions before: <input type="checkbox"/> Yes <input type="checkbox"/> No		
List the names of relatives previously or currently employed by Lakeshore Rescue Missions:		
Will any of the current employees of Lakeshore Rescue Missions recommend you for this job?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If offered a position with LRM will you have a physical examination at our expense?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you used illegal drugs within the past 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you willing to submit to drug, alcohol and nicotine testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Are you willing to have a fingerprint based background check?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are you willing to participate in skills or personality testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a member of a Reserve or National Guard component?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Why are you applying with Lakeshore Rescue Missions?	
In which areas of this ministry are you currently involved?	
What other areas of this ministry, if any, do you plan to become involved?	

In case of emergency, notify:

Name	Address	Phone	Relationship
Physician		Phone	

Employment Experience

List past four employers (including military service) or voluntary assignments beginning with the most recent. Provide as much detail as possible. Indicate any name change or employer you do NOT wish for us to contact.

1	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Ending	
	Job Title			
	Reason for leaving			
Supervisor	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Ending	
	Job Title			
	Reason for leaving			
Supervisor	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No			
3	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Ending	
	Job Title			
	Reason for leaving			
Supervisor	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No			

4	Employer	Dates Employed		Work Performed
	Address	From	To	
		Hourly Rate/Salary		
	Telephone Number(s)	Starting	Ending	
	Job Title	Reason for leaving		
	Supervisor	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Unemployment Record

Account for all periods of unemployment of one month duration or more since you left school to the present time.

From	To	Explain what you were doing

Education

Check highest grade completed	Elementary				High School				College/University			
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4		
	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8		

List schools attended beginning with High School, including technical schools and other special training

Name and Location of School	Years Attended	Did you Graduate?	Major/Minor
	to	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	to	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	to	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	to	<input type="checkbox"/> Yes <input type="checkbox"/> No	

References (that we may contact)

Name	Address	Business	Years Known	Phone Number

Additional References who are knowledgeable of your work with youth or children. We must have two and they cannot be relatives or individuals with strong personal ties to the applicant.

Name	Address	Business	Years Known	Phone Number

General Information

Use the space below to describe your interest in helping the urban poor and the aptitudes that you feel qualify you for a position in our organization. If you need more space, please continue on a separate sheet of paper.

Are you presently attending a church? Yes No For how long?

Church Name:

Church Address:

Church Phone Number:

What is your Pastor’s name?

Please share a personal statement of your relationship with Jesus Christ (use additional page(s) if necessary):

AS A CHRISTIAN MINISTRY, LAKESHORE RESCUE MISSIONS EXERCISES ITS CONSTITUTIONALLY PROTECTED RIGHT TO REQUIRE ALL ITS EMPLOYEES TO BE CHRISTIANS AND SIGN AND ADHERE TO ITS STATEMENT OF FAITH.

To the best of my knowledge, the answers to all of the questions contained herein are true and correct, and I have not knowingly withheld any information that might in any way affect this application. I understand that any misstatements or omissions of material facts to this application will be cause of dismissal and the extent to which a person satisfies the aforementioned requirements will be determined by the Board of Directors of the Corporation, or a designee, applying biblical standards. I also understand that this employment is for an indefinite period and may be terminated at-will by either the employee or the employer at any time without notice and without cause. I authorize investigation of all statements contained in this application except as noted. I authorize the references listed in this Application for Employment and any other prior employer, educational institution, or any other persons or organizations go give the Holland Rescue Mission any and all information concerning my previous employment/educational accomplishments, disciplinary information, or any other pertinent information they may have. I understand that such information may contain my social security number. I release all parties from all liability for any damage that may result from furnishing that information to the Holland Rescue Mission. In addition, I hereby waive written notice that employment information is being provided by any person or organization.

Printed Name

Signature

Date

BUSINESS OFFICE USE ONLY	
Applicant Hired: <input type="checkbox"/> Yes <input type="checkbox"/> No	Rate of Pay:
Department Assigned to:	Probationary Review Date:
Will this be a compensation review: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what commitment was made?	