



Lorain County Alcohol and Drug Abuse services, inc.
 2115 WEST PARK DRIVE • LORAIN, OHIO 44053 • (440) 282-4777 • FAX: (440) 282-4778

APPLICATION FOR EMPLOYMENT

Please Print & Use Pen

Date of Application _____

PERSONAL INFORMATION

Name: Last	First	M.I.
Address: Street	City	State Zip Code
Phone # ()	Social Security #	U.S. Citizen? Yes ___ No ___
Have you ever been convicted of a felony? Yes ___ No ___		
If yes, please explain:		

EMPLOYMENT DESIRED

Position Applied for:	Desired Salary / Rate of Pay:
Date you could start if offered the position:	Referred By:

EDUCATION

Education Level	School Name/Address	Years Attended	Date Graduated	Subjects Studies / Degree
High School				
Undergraduate				
Graduate				
Trade, Business, Etc.				
Subjects of Special Study:				
Do you speak a foreign language fluently?		If yes, which language?		
Summarize any special skills / qualifications acquired from employment or other experiences:				

CURRENT EMPLOYMENT

Current Employer:	Phone Number:
Current Supervisor:	May we inquire of your present employer? Yes ___ No ___

EMPLOYMENT HISTORY (List last four employers starting with the most recent)

Dates Employed	Employer Name & Address	Salary	Position / Work Performed	Reason for Leaving
From: ----- To:				
From: ----- To:				
From: ----- To:				
From: ----- To:				

REFERENCES (List references whom you have known at least one year. Do not list relatives.)

Name & Occupation	Address	Phone #	Years Acquainted

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that misrepresentation or omission of facts given in my application or interview is cause for dismissal.

I understand and agree that neither this document nor any offer of employment from the employer constitutes an employment contract unless a specific document to that effect is executed by the employer and employee in writing. I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time within the guidelines set forth in LCADA's personnel policies. I understand that if employed, I will be required to abide by all rules and regulations of the employer.

Signature

Date

Printed Name

LCADA is an Equal Opportunity Employer. We consider applicants for all positions without regard to race, color, religion, sex, national origin, marital or veteran status, or any other legally protected status.