

APPLICATION FOR EMPLOYMENT

**Lynndale Inc.
1490 Eisenhower Drive
Augusta, GA 30904**

Last Name		First		Middle		Date	
Street Address (Include Apartment Number)					Email Address		
City		State	Zip Code	County	Home Phone		Other Phone
Have You Ever Been Convicted Of A Felony? <input type="checkbox"/> Yes <input type="checkbox"/> No						Are You A Citizen Of The U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, Explain.							
Position		Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>		Date Available For Work		Salary Desired	
How did you hear about this job?				Have You Applied Here Before? <input type="checkbox"/> Yes <input type="checkbox"/> No			
				When?			
Are You Currently Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		If So May We Inquire Of Your Present Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No					

EDUCATION

Circle highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12	High School Graduate or Equivalent (GED) <input type="checkbox"/> Yes <input type="checkbox"/> No	Vocational/Business School Attended	No. of Months	Area of Study	Date Courses Completed		
NAME AND LOCATION OF COLLEGES OR UNIVERSITIES ATTENDED		CREDIT RECEIVED		FIELD OF STUDY OR AREA OF CONCENTRATION		TYPE OF DEGREE (BA, BS, MA, PhD)	DEGREE DATE (OR ANTICIPATED DATE)
		Quarter Hours	Semester Hours	Major	Hours	Minor	Hours
GRADUATE SCHOOL							

OTHER SKILLS AND/OR TRAINING

Driver's License <input type="checkbox"/> Yes <input type="checkbox"/> No	Expiration Mo/Yr	Other Skills/Training
CPR <input type="checkbox"/> Yes <input type="checkbox"/> No	Expiration Mo/Yr	
First Aid <input type="checkbox"/> Yes <input type="checkbox"/> No	Expiration Mo/Yr	

EMPLOYER		ADDRESS		
JOB TITLE		FROM (Month/Year)	TO (Month/Year)	
HOURS PER WEEK	STARTING SALARY \$ _____ Per _____	ENDING SALARY \$ _____ Per _____	REASON FOR LEAVING	MAY WE CONTACT EMPLOYER? () Yes () No
Number of employees you supervised, if any:				
Describe in detail your job duties:				
EMPLOYER		ADDRESS		
OFFICIAL JOB TITLE		FROM (Month/Year)	TO (Month/Year)	
HOURS PER WEEK	STARTING SALARY \$ _____ Per _____	ENDING SALARY \$ _____ Per _____	REASON FOR LEAVING	MAY WE CONTACT EMPLOYER? () Yes () No
Number of employees you supervised, if any:				
Describe in detail your job duties:				
PLEASE READ CAREFULLY BEFORE SIGNING				
I certify that all information on this application is accurate and complete to the best of my knowledge. I further understand that intentionally providing false information on this form or other attachments shall be cause for termination of my employment.				
_____			_____	
Signature			Date	

(DO NOT FILL OUT THIS SECTION)

Results of Employment References:

Results of Background Check: