



# Lighthouse Child & Family Services

## Employment Application

Please fill out form completely – previous employer addresses are extremely important. Please return to your supervisor or Human Resources upon completion.

Prospective employees will receive consideration without discrimination due to race, creed, color, sex, age, national origin or handicap. Lighthouse Child & Family Services is an equal opportunity employer.

### Personal Information

Last Name	First Name	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Street Address	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Duration at present address:  Years  Months

Previous address (if at current residence less than 7 years):

Street Address	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Duration at previous address:  Years  Months

Home Phone	Cell Phone	Other Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>

Email address

Have you applied for employment with Lighthouse Child & Family Services previously?

Yes  No

If yes, please note month, year and location:

<input type="text"/>	Month	<input type="text"/>	Year	<input type="text"/>	Location
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How did you learn of our organization?

What position are you applying for?

What type of employment are you seeking?

Full Time  Part Time  On Call/As Needed  Temporary  Internship

Are you legally eligible for employment in the United States?

Yes  No

When would you be able to start?

Are you currently employed?

Yes  No

**160 – 3rd Avenue NW  
Milaca, MN 56353**

**Phone (320) 983-2335  
Fax (651) 342-8029**

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# Lighthouse Child & Family Services

May we contact your current employer?

Yes  No

If no, please explain:

Are there any reasons for which you might not be able to perform the job duties (with a reasonable accommodation)?

Yes  No

If yes, please explain:

Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court?

Yes  No

If yes, describe in full detail:

Date of conviction:

Driver's License #

State

Expiration Date

Violations?

Yes  No

If yes, please explain:

Is your driver's license current and in good standing?

Yes  No

If no, please explain:

Do you have valid insurance?

Yes  No

Do you have reliable transportation?

Yes  No

## Education

High School

Course of Study

Years

Graduate

Diploma/Degree

Yes  No  In Progress

Trade/Vocational School

Course of Study

Years

Graduate

Diploma/Degree

Yes  No  In Progress

College

Course of Study

Years

Graduate

Diploma/Degree

Yes  No  In Progress

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Graduate School	Course of Study	Years	Graduate	Diploma/Degree
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress	<input type="text"/>
Other	Course of Study	Years	Graduate	Diploma/Degree
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress	<input type="text"/>

## Military

Complete this section if you served in the U.S. Armed Forces

Branch of Service	Period of Active Duty
<input type="text"/>	<input type="text"/> Mo. <input type="text"/> Yr. to <input type="text"/> Mo. <input type="text"/> Yr.
Describe your duties and any special training	
<input type="text"/>	
Rank at Discharge	Date of Final Discharge
<input type="text"/>	<input type="text"/>

## Employment History

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

Company Name	Telephone		
<input type="text"/>	<input type="text"/>		
Street Address	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Supervisor	Supervisor's Title		
<input type="text"/>	<input type="text"/>		
Dates of Employment:			
<input type="text"/> Month	<input type="text"/> Year to	<input type="text"/> Month	<input type="text"/> Year
Starting Wage:	<input type="text"/>	<input type="checkbox"/> Hourly	<input type="checkbox"/> Annually
Ending Wage:	<input type="text"/>	<input type="checkbox"/> Hourly	<input type="checkbox"/> Annually
List Titles and Job Duties			
<input type="text"/>			
<input type="text"/>			
Reason for Leaving			
<input type="text"/>			

May we contact this employer?  
 Yes  No

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# Lighthouse Child & Family Services

If no, please explain:

Company Name

Telephone

Street Address

City

State

Zip

Name of Supervisor

Supervisor's Title

Dates of Employment:

Month

Year to

Month

Year

Starting Wage:

Hourly

Annually

Ending Wage:

Hourly

Annually

List Titles and Job Duties

Reason for Leaving

May we contact this employer?

Yes  No

If no, please explain:

Company Name

Telephone

Street Address

City

State

Zip

Name of Supervisor

Supervisor's Title

Dates of Employment:

Month

Year to

Month

Year

Starting Wage:

Hourly

Annually

Ending Wage:

Hourly

Annually

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# Lighthouse Child & Family Services

List Titles and Job Duties

  

Reason for Leaving

May we contact this employer?

Yes  No

If no, please explain:

Company Name

Telephone

  

Street Address

City

State

Zip

  
  
  

Name of Supervisor

Supervisor's Title

  

Dates of Employment:

 Month  Year to  Month  Year

Starting Wage:

Hourly

Annually

Ending Wage:

Hourly

Annually

List Titles and Job Duties

  

Reason for Leaving

May we contact this employer?

Yes  No

If no, please explain:

## License and Certification

Do you hold any special or professional license or certification?

Yes  No

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If yes, please explain:

License #	Expiration Date	Issuing Entity
<input type="text"/>	<input type="text"/>	<input type="text"/>

Is your license current and in good standing?

Yes  No

Any disciplinary actions?

Yes  No

If yes, please explain:

## References

Please list four people not related to you, whom you have known at least one year

Name and Title	Affiliation	Phone Number	Yrs. Known
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Explain Relationship:

Name and Title	Affiliation	Phone Number	Yrs. Known
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Explain Relationship:

Name and Title	Affiliation	Phone Number	Yrs. Known
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Explain Relationship:

Name and Title	Affiliation	Phone Number	Yrs. Known
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Explain Relationship:

The information provided in this application for Employment is true, correct and complete. If employed, any misstatements or omissions of fact on this application may result in my dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. If you decide to engage an investigative consumer reporting agency to report on my credit and personal history, I authorize you to do so. If a report is obtained you must provide, at my request, the name and address of the agency so I may obtain from them the nature and substance of the information contained in the report.

<input type="text"/>	<input type="text"/>
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Signature of Applicant  
**160 – 3rd Avenue NW  
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Date  
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