



EMPLOYMENT APPLICATION

APPLICANT INFORMATION

Last Name		First		M.I.	Date	
Street Address				Apartment/Unit #		
City			State		ZIP	
Phone ()			E-mail Address			
Date Available		Social Security No.		-	-	Desired Salary \$
Position Applied for						
Do you have a professional license?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Type:		Number:
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?		YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?		
Have you been convicted of a misdemeanor or felony within the last seven years?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain		

(Applicant, please note that a conviction of a crime is not an automatic bar to employment. - All circumstances will be considered.)

Education

High School			Address		
			Did you graduate; Diploma or GED? YES <input type="checkbox"/> NO <input type="checkbox"/>		
College		Phone: ()	Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other		Phone: ()	Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

REFERENCES

Please list three professional references.

Full Name	Relationship
Company	Phone ()
Address	email
Full Name	Relationship
Company	Phone ()
Address	email



Full Name	Relationship
Company	Phone ()
Address	email

PREVIOUS EMPLOYMENT

(List below last three employers, starting with last one first)

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your current supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		
Special Training Received		



OTHER

How were you referred to the company?

Do you have any relatives working for the company? If so, who?

What languages do you speak?

CERTIFICATION OF APPLICANT

(Please read these statements carefully before signing this application):

I understand that employment with Limitless Life Counseling, LLC, is at-will, meaning that I or the Company may terminate my employment at any time, for any reason, consistent with applicable state or federal law.

I authorize the Company to conduct a thorough background investigation of my work and personal history, and verify all data given on this application and during interviews. I hereby release the Company, and its representatives or agents, from any liability that might result from such an investigation. I authorize all individuals, schools, and firms named to provide any requested information and release them from all liability for providing the requested information.

I understand that the Company requires the successful completion of a drug and/or alcohol test as a condition of employment.

I understand this application will be active for a period of 90 days; after that time, if I wish to be considered for employment, I must submit a new application.

I HEREBY ATTEST that all statements made in this application are true and correct to the best of my knowledge. I understand and agree that any deception, fraud or my providing false or misleading statements of material facts in this application or examination process may cause the forfeiture of all rights to any employment or immediate termination if discovered after starting employment.

Signature

Date