**JOB APPLICATION**

# LOST RIVER CAREER COOPERATIVE

**600 ELM STREET SUITE ONE, PAOLI, Indiana 47454**

# 812-723-4818

LOST RIVER CAREER COOPERATIVE is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

*Please fill out all of the sections below:*

**Applicant Information *Applicant Name: Address:'***

***City, State and Zip Code: Telephone Number: Email Address:***

***Date of Application:***

# Employment Position

***Position(s) applying for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

How did you hear about this position? What days are you available for work?

What hours or shift are you available for work?

On what date can you start working if you are hired?

# Personal Information

|  |  |  |
| --- | --- | --- |
| Do you have any friends, relatives, or acquaintances working for LOST RIVER CAREER COOPERATIVE If yes, state name & relationship: | Yes | No |
|  |  |  |
| Are you a U.S. citizen or approved to work in the United States? | Yes | No |
| What document can you provide as proof of citizenship or legal status? |  |  |
|  |  |  |
| Will you consent to a mandatory controlled substance test? | Yes | No |
| Have you ever been convicted of a criminal offense (felony or misdemeanor)? | Yes | No |
| If yes, please state the nature of the crime(s), when and where convicted and disposition of the case: |  |  |

**Job Skills/Qualifications**

Please list below the skills and qualifications you possess for the position for which you are applying:

*(Note: LOST RIVER CAREER COOPERATIVE complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.)*

# Education and Training

**High School**

|  |  |  |  |
| --- | --- | --- | --- |
| I Name | Location (City, State) | Year Graduated | Degree Earned I |
| I |  |  | I |

**College/University**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| I Name | Location | (City, State) | I | Year | Graduated | I | Degree | Earned |
|  | I | | | I | | | | |

**Vocational School/Specialized Training**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| I | Name | I | Location | (City, State) | I | Year | Graduated | Degree Earned |
| I | I | | I | | | | |  |

**Military:**

Are you a member of the Armed Services? What branch of the military did you enlist? What was your military rank when discharged?

How many years did you serve in the military? What military skills do you possess that would be an asset for this position?

**Previous Employment**

## Employer Name:

Job Title:

Supervisor Name: Employer Address: City, State and Zip Code: Employer Telephone: Dates Employed: Reason for leaving:

## Employer Name:

Job Title:

Supervisor Name: Employer Address: City, State and Zip Code: Employer Telephone: Dates Employed:

Reason for leaving: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employer Name:** Job Title: Supervisor Name: Employer Address:

City, State and Zip Code: Employer Telephone: Dates Employed: Reason for leaving:

***References***

Please provide 2 personal and professional references below:

I

|  |  |
| --- | --- |
| **Reference** | **Contact Information** |
|  |  |
|  |  |

***AT-WILL EMPLOYMENT***

The relationship between you and the LOST RIVER CAREER COOPERATIVE is referred to as "employment at will." This means that your employment can be terminated at any time for any reason with or without cause with or without notice, by you or the LOST RIVER CAREER COOPERATIVE. No representative of LOST RIVER CAREER COOPERATIVE has authority to enter into any agreement contrary to the foregoing "employment at will" relationship. You understand that your employment is "at will," and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status, except for a written statement signed by you and either the Treasurer or Director of Lost River Career Cooperative

Applicant Signature: Dated: