



Dedicated to Health, Healing and Recovery

APPLICATION FOR EMPLOYMENT

(Use black or blue ink)

Last Name		First Name		Middle Initial
Street Address				Apartment No.
City	State	Zip Code	County	

EQUAL EMPLOYMENT OPPORTUNITY MONITORING INFORMATION

E-Mail Address	Daytime Telephone	Mobile Telephone

ETHNIC BACKGROUND (Check One):		GENDER	21 OR OVER
<input type="checkbox"/> Native American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> White, not of Hispanic origin <input type="checkbox"/> Black, not of Hispanic origin <input type="checkbox"/> Multi-racial	(Check One): <input type="checkbox"/> Male <input type="checkbox"/> Female	Are you 21 or over? <input type="checkbox"/> YES <input type="checkbox"/> NO

EMPLOYMENT ELIGIBILITY

Are you a United States citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you an alien authorized to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	Have you ever been dismissed from any State of Georgia government position or Community Service Board? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, attach an explanation
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TYPE OF WORK SOUGHT

Job Title <i>Enter the job title(s) for which you are applying.</i>		
Referred By		
Salary Expectations	Enter an hourly \$	Annual \$
Population	<input type="checkbox"/> Mental Health <input type="checkbox"/> Developmentally Disabled <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Adult <input type="checkbox"/> Child <input type="checkbox"/> Clerical <input type="checkbox"/> Other	

- What type of employment are you interested in? Full Time Part Time Any
- Are there any day/hours you cannot work? YES NO If yes, specify: _____
- Have you ever been employed with this agency in the past? YES NO If yes, when, where, and who was your supervisor: _____
- Do you have a valid Georgia Driver's License? YES NO If another state please list: _____
- Do you have a completed bachelor's degree? YES NO If yes, list major: _____
- Do you have a completed master's degree? YES NO If yes, list major: _____
- Do you hold licensure or certification? LPC LCSW LWFT APN RN LPN CNA MA CPS Other _____
- Are you licensed in another state? YES NO If yes, list state: _____
- Do you have any relatives working for LMCS? YES NO If yes, state name & relationship: _____

CERTIFICATION

I certify that all information contained in this application is correct. I authorize any agent or employee of LMCS to verify this information and to release it to anyone who may consider me for appointment. I understand that intentionally providing false information on this form or attachments is a violation of state law. I also understand that applications submitted electronically, via e-mail or similar media, are not valid unless I enter my name in the signature field below and such action shall constitute an electronic signature.

X	X
Applicant Signature	Date

Last Name: _____ First Name: _____

AUTHORIZATION FOR RELEASE REFERENCE INFORMATION

I give permission for LMCS to investigate all references and to secure reference check information about me in order to arrive at a hiring decision. I also authorize all persons, institutions, organizations and companies to furnish any and all information sought and I waive any legal requirement to provide notice to me regarding reports, records or information given or received in accordance with this authorization. I hereby release and hold harmless LMCS, its agents, employees, and assigns from any claim of liability I may have against it and/or them for decisions, even if adverse, arising out of information received in response to the reference check. I authorize any person or entity to which this reference check is presented to release any information required therein to LMCS, its agents, employees, or assigns. I further agree to hold harmless any person or entity from any claims of liability I may have against him/her/it for the release of such information, and waive and release any such claims.

I give permission for the representative of LMCS to contact my current employer for a reference. YES NO

I give permission for the representative of LMCS to contact my past employers as shown on my job application and those listed below for employment references. YES NO

Failure to authorize contact may exclude you from being considered for employment.

WORK REFERENCES: List Three (3) PROFESSIONAL WORK ONLY REFERENCES **PLEASE ATTACH TWO (2) PROFESSIONAL LETTERS OF REFERENCE ON LETTERHEAD.**

Company Name	Address	Telephone Number	Person to Contact

PRE-EMPLOYMENT DRUG TESTING

You are advised that if you are offered employment, the offer will be withdrawn and you will be disqualified from employment for a period of two (2) years from the date of testing or refusal to test if you: 1) expressly decline to submit to testing; 2) fail to appear for drug testing as directed; 3) engage in conduct that clearly abstracts the testing process; 4) fail to provide, adequate urine for drug testing without a valid medical explanation; 5) provide a urine sample determined by the testing laboratory to have been adulterated; or, 6) test positive for the use of an illegal drug(s).

I understand that if an offer of employment is made, it is contingent upon passing a drug test? YES NO

EDUCATION

High School Graduate or Equivalent (GED)? YES NO

COLLEGE/UNIVERSITY ATTENDED	Quarter Hrs.	Semester Hrs.	Major	Hrs.	Minor	Hrs.	BA/BS/MA	DATE DEGREE COMPLETED

LICENSES AND CERTIFICATIONS - PLEASE INCLUDE ALL CLINICAL/PROFESSIONAL LICENSES AND CERTIFICATIONS

Type of License/Certificate	State Issued	License/Certificate Number	Expiration (Mo/Yr)
Driver's License:			
Commercial Driver's License:			
First Aid:			
CPR:			
NCI:			
Other:			
Other:			

Last Name:	First Name:
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WORK HISTORY: THE LAST TEN (10) YEARS OF EMPLOYMENT MUST BE INCLUDED / EXPLAIN ANY GAPS IN EMPLOYMENT HISTORY

Describe your work history below beginning with your current or most recent job. Include military and volunteer experience. Failure to give complete and detailed information regarding each job held may result in your disqualification from employment consideration.

Current or Last Employer:			Your Title:		
Address:			From (mo/yr):	To (mo/yr):	Hours per week:
City:	State:	Zip Code:	Check One: <input type="checkbox"/> Paid <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern		Annual Salary:
Your Supervisor's Name and Title:			May We Contact Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO		Your Supervisor's Phone Number: ()
Reason for Leaving - <i>Explain in detail. Failure to complete may result in disqualification from employment consideration.</i>			# and types of employees you supervised:		

Describe in detail your job duties:

Employer:			Your Title:		
Address:			From (mo/yr):	To (mo/yr):	Hours per week:
City:	State:	Zip Code:	Check One: <input type="checkbox"/> Paid <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern		Annual Salary:
Your Supervisor's Name and Title:			May We Contact Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO		Your Supervisor's Phone Number: ()
Reason for Leaving - <i>Explain in detail. Failure to complete may result in disqualification from employment consideration.</i>			# and types of employees you supervised:		

Describe in detail your job duties:

Employer:			Your Title:		
Address:			From (mo/yr):	To (mo/yr):	Hours per week:
City:	State:	Zip Code:	Check One: <input type="checkbox"/> Paid <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern		Annual Salary:
Your Supervisor's Name and Title:			May We Contact Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO		Your Supervisor's Phone Number: ()
Reason for Leaving - <i>Explain in detail. Failure to complete may result in disqualification from employment consideration.</i>			# and types of employees you supervised:		

Describe in detail your job duties:

PLEASE USE BACKSIDE FOR CONTINUED WORK HISTORY.

Employer:			Your Title:		
Address:			From (mo/yr):	To (mo/yr):	Hours per week:
City:	State:	Zip Code:	Check One:	<input type="checkbox"/> Paid <input type="checkbox"/> Volunteer	Annual Salary:
Your Supervisor's Name and Title:			May We Contact Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	Your Supervisor's Phone Number: ()	
Reason for Leaving - Explain in detail. Failure to complete may result in disqualification from employment consideration.			# and types of employees you supervised:		

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Employer:			Your Title:		
Address:			From (mo/yr):	To (mo/yr):	Hours per week:
City:	State:	Zip Code:	Check One:	<input type="checkbox"/> Paid <input type="checkbox"/> Volunteer	Annual Salary:
Your Supervisor's Name and Title:			May We Contact Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	Your Supervisor's Phone Number: ()	
Reason for Leaving - Explain in detail. Failure to complete may result in disqualification from employment consideration.			# and types of employees you supervised:		

Describe in detail your job duties:

ATTACH EXTRA SHEETS IF NECESSARY TO COVER THE LAST TEN YEARS OF EMPLOYMENT

If contacted for an interview you should bring a copy of this completed application and two letters of **professional** reference on letterhead. Do not submit originals of permanent, personal documents as they cannot be returned. Legible photocopies of this application and attachments are acceptable. *Copying service is not available at Lookout Mountain Community Services.*



SUBMIT COMPLETED APPLICATION TO:

Lookout Mountain Community Services
Human Resources Department
P.O. Box 1027 / 501 Mize Street
LaFayette, GA 30728
Phone: (706) 638-5580 Fax: (706) 638-5445
jobs@lmcs.org

For more information about Lookout Mountain Community Services visit our website at www.lmcs.org
Accommodations for applicants with disabilities call (706) 638-5580

LOOKOUT MOUNTAIN COMMUNITY SERVICES IS AN EQUAL OPPORTUNITY EMPLOYER