



**Life Skills Training Center, Inc.**  
**1510 Industrial Road SW**  
**P. O. Box 1506**  
**Le Mars, Iowa 51031**  
**(712) 546-9554**

For LSTC Use Only Date Submitted _____ LSTC Repr. Initials _____
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## **APPLICATION FOR EMPLOYMENT**

(Please Print)

SOC. SEC. NO. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
Last First Middle

ADDRESS: \_\_\_\_\_  
No. Street City State Zip

TELEPHONE: (\_\_\_\_\_) \_\_\_\_\_

Are you 18 years of age or older? \_\_\_ Yes \_\_\_ No

If hired, can you provide written evidence that you are authorized to work in the U. S \_\_\_ Yes \_\_\_ No

### **EDUCATION**

Type	Name/ Location	Course	Number Years Completed	Degree/ Diploma
Elementary				
High School				
College				
Technical or Other				

### **EMPLOYMENT RECORD**

Company Name and Address	Phone Number	Date Start/Left	Rate of Pay	Reason for Leaving
1.				
2.				
3.				
4.				
5.				

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Position applying for \_\_\_\_\_ Salary Desired: \_\_\_\_\_

How were you referred to our organization?  
\_\_\_\_\_

Do you have any relatives employed by this organization?  Yes  No  
Please Specify: \_\_\_\_\_

Is there any information we would need about your name, or use of another name, for us to be able to check your work record:  Yes  No Please Specify: \_\_\_\_\_

Are you presently employed?  Yes  No

Are you available to work: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

Do you possess a valid state Drivers License?  Yes  No

I understand that meeting all driver requirements is a requirement of all positions:  Yes  No

Do you have a record of founded child or dependent adult abuse or have you ever been convicted of a crime in this state or any other state?  Yes  No

Describe any work you have performed with or for persons with disabilities. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any additional information that relates to you ability to perform the job for which you are applying – such as licenses, certifications, professional memberships, etc:  
\_\_\_\_\_  
\_\_\_\_\_

**U. S. MILITARY SERVICE**

Branch of Service: \_\_\_\_\_ From: \_\_\_\_\_ To \_\_\_\_\_  
Rank and Type of Service: \_\_\_\_\_  
Training/Experience Received: \_\_\_\_\_

**REFERENCES (Do not include relatives)**

Name	Phone #	Occupation	Years Known	Address
1. _____				
2. _____				
3. _____				

**Job Description**

“The Position Description, Qualifications, and Essential Functions of the job/position I am applying for have been provided to me. I understand all the requirements that are necessary to perform this job/position in a safe and satisfactory manner.”

**Applicant’s Initials:** \_\_\_\_\_

**APPLICANT’S STATEMENT**

I understand that the Life Skills Training Center, Inc. follows an “employment at will” policy, in that I or the employer may terminate my employment at any time or for any reason consistent with applicable state or federal law; this “employment at will” policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by the chief executive officer of this organization. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment eligibility and identity. Failure to submit such proof will result in denial of employment.

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

I understand that the employer reserves the right to thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools, and firms named therein, except my current employer so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information.

I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date

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**APPLICANTS PLEASE DO NOT WRITE BELOW THIS LINE**

INTERVIEWED BY (1) \_\_\_\_\_ (2) \_\_\_\_\_ DATE \_\_\_\_\_  
STARTING DATE \_\_\_\_\_ RATE \_\_\_\_\_ CLASSIFICATION \_\_\_\_\_  
DEPARTMENT: \_\_\_\_\_ SUPERVISOR \_\_\_\_\_  
APPROVED BY: EXEC. DIR. \_\_\_\_\_