

# Employment Application

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\_\_\_\_\_  
Date Last Name First Name Middle

\_\_\_\_\_  
Street Address City State Zip Code

\_\_\_\_\_  
E-mail Address Cellular Phone Home Phone

## Employment Desired

Position applying for: \_\_\_\_\_

Are you applying for:  
Regular full-time work?.....  Yes  No  
Regular part-time work?.....  Yes  No  
Temporary work.....  Yes  No

Days/hours available for work: \_\_\_\_\_ Are you available on evenings and weekends?  Yes  No

If hired, what date can you start work? \_\_\_\_\_

Salary (or salary range) desired ( *do not list "negotiable"*): \_\_\_\_\_

Additional Compensation Requirements (overtime, bonus etc): \_\_\_\_\_

## Personal Information

Have you ever applied to or worked for LvHJ before? .....  Yes  No  
If yes, when? \_\_\_\_\_

We may refuse to hire relatives of present employees if doing so could result in actual or potential problems in supervision, security, safety or morale, or if doing so could create conflicts of interest.

Do you have any relatives currently working for LvHJ? .....  Yes  No  
If yes, state name(s) and relationships:

\_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Name Relationship

If hired, would you have a reliable means of transportation?.....  Yes  No

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.) .....  Yes  No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? .....  Yes  No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? .....  Yes  No

If no, describe the functions that cannot be performed.

\_\_\_\_\_  
\_\_\_\_\_

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

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## Education, Training and Experience

School	Name and Address	No. of Years Completed	Did you Graduate?	Degree Type
<b>College/ University</b>	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Name			
	Street Address			
	City	State	Zip Code	
<b>College/ University</b>	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Name			
	Street Address			
	City	State	Zip Code	
<b>Vocational/ Business</b>	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Name			
	Street Address			
	City	State	Zip Code	

Do you have any other experience, qualifications or skills that you feel make you especially suited for work at LvHJ?  Yes  No

If so, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you licensed/certified for the job applied for? .....  Yes  No

Name of license/certification: \_\_\_\_\_ Issuing State: \_\_\_\_\_

License/certification number: \_\_\_\_\_

Has your license/certification ever been revoked or suspended? .....  Yes  No

If yes, state reason(s), date of revocation or suspension, and date of reinstatement.

\_\_\_\_\_  
\_\_\_\_\_

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## Employment History

List below all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

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Name of Employer	Phone Number	Type of Business	Your Supervisor's Name
Street Address	City	State	Zip Code

Dates of Employment: \_\_\_\_\_  
From \_\_\_\_\_ To/Or Current \_\_\_\_\_

Your Position \_\_\_\_\_ Why did you leave and/or why are you looking to leave employment? \_\_\_\_\_

May we contact this employer for a reference?.....  Yes  No

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Name of Employer	Phone Number	Type of Business	Your Supervisor's Name
Street Address	City	State	Zip Code

Dates of Employment: \_\_\_\_\_  
From \_\_\_\_\_ To/Or Current \_\_\_\_\_

Your Position \_\_\_\_\_ Why did you leave and/or why are you looking to leave employment? \_\_\_\_\_

May we contact this employer for a reference?.....  Yes  No

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Your Position \_\_\_\_\_ Why did you leave and/or why are you looking to leave employment? \_\_\_\_\_

May we contact this employer for a reference?.....  Yes  No

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Name of Employer	Phone Number	Type of Business	Your Supervisor's Name
Street Address	City	State	Zip Code

Dates of Employment: \_\_\_\_\_  
From \_\_\_\_\_ To/Or Current \_\_\_\_\_

Your Position \_\_\_\_\_ Why did you leave and/or why are you looking to leave employment? \_\_\_\_\_

May we contact this employer for a reference?.....  Yes  No

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Are you currently employed?.....  Yes  No

If so, may we contact your current employer?.....  Yes  No

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## References

List below three persons not related to you who have knowledge of your work performance within the last three years.

_____	_____	_____
First Name	Last Name	Phone Number
_____	_____	_____
Street Address	City	State Zip Code
_____	_____	
Occupation	No. of Years Acquainted	

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_____	_____	_____
First Name	Last Name	Phone Number
_____	_____	_____
Street Address	City	State Zip Code
_____	_____	
Occupation	No. of Years Acquainted	

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_____	_____	_____
First Name	Last Name	Phone Number
_____	_____	_____
Street Address	City	State Zip Code
_____	_____	
Occupation	No. of Years Acquainted	

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## Please Read Carefully, Initial Each Paragraph and Sign Below

\_\_\_\_\_  
Initials

I hereby certify that I have not withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_  
Initials

I authorize **Lindquist, von Husen & Joyce LLP (LvHJ)** to thoroughly investigate my references, work record, education and other matters related to my suitability for employment unless otherwise specified above. I further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release **LvHJ**, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure. **LvHJ will consider qualified applicants, including those with criminal histories, in a manner consistent with San Francisco's Fair Chance Ordinance.**

\_\_\_\_\_  
Initials

I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and **LvHJ**. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or **LvHJ**, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and **LvHJ's** designated representative.

\_\_\_\_\_  
Initials

In compliance with federal law, all persons hired will be required to verify identify and eligibility to work in the United States and to complete the required employment eligibility verification document from upon hire.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

*LvHJ 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. Applicants requiring reasonable accommodation in the application and/or interview process should notify a representative of the organization.*