

AN EQUAL OPPORTUNITY EMPLOYER

Lions Industries for the Blind, Inc.

Application for Employment

Please Read Before Filling Out This Application

This Company does not discriminate in hiring or employment on the basis of race, color, sex, religion, disability, national origin, citizenship, or on the basis of age with respect to persons 18 years or older. No question on this application is intended to secure information to be used for such discrimination. Proof of identity and work authorization will be required upon employment in accordance with federal regulations. **This Company intends to check and hold you responsible for the accuracy of the statements you make on this application.** This application will receive consideration for **thirty (30) days**. If you have not heard from the Company within thirty days and wish to receive further consideration for employment, it will be necessary for you to request in writing that the company reactivate your application for another thirty days.

Personal Data

Social Security Number _____

Name _____
(Last) (First) (Middle)

Are you 18 years or older? Yes _____ No _____

Address _____
(Street) (City) (State) (Zip)

Telephone Number _____

Have you ever been convicted of a crime other than a minor traffic violation? Yes _____ No _____

If yes, explain _____
(A "yes" answer to this question does not necessarily preclude consideration for employment)

Educational Data

Circle Highest Grade Completed:

1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 1 2 3 4
Grade, Junior High or High School College or University Graduate School

Type of School	Name of School	Location	Major Subject or Course of Study	Did You Graduate?
Junior High School			////////////////////	
High School				
College				
Business or Trade School				
Correspondence School				
Other (Specify)				
Graduate School				

List Degree(s) Obtained

Employment

Job applied for _____ Salary desired _____

Have you ever applied here before? _____ When? _____

Have you ever worked for this Company before? _____ When? _____

If yes, give the name(s) if different from the one given on this application _____

Are you available to work any shift? _____ Any day of the week? _____

If not, for what shifts and days are you available? _____

When could you report for work? _____

Work History

From (mo./yr.)	Company	Telephone <small>AREA</small> ()	Starting Salary \$ per
To (mo./yr.)	Address City State Zip		Final Salary \$ per
Supervisor's Name/Title		Type of Business	If this is your current employer, may we contact <input type="checkbox"/> yes <input type="checkbox"/> no
Your Position/Title		Responsibilities/Duties	
Specific Reason for Leaving			

From (mo./yr.)	Company	Telephone <small>AREA</small> ()	Starting Salary \$ per
To (mo./yr.)	Address City State Zip		Final Salary \$ per
Supervisor's Name/Title		Type of Business	
Your Position/Title		Responsibilities/Duties	
Specific Reason for Leaving			

From (mo./yr.)	Company	Telephone <small>AREA</small> ()	Starting Salary \$ per
To (mo./yr.)	Address City State Zip		Final Salary \$ per
Supervisor's Name/Title		Type of Business	
Your Position/Title		Responsibilities/Duties	
Specific Reason for Leaving			

Relatives In Our Employment

Name	Relationship	Name	Relationship

Military

Branch of Service: _____

Duties in the service, including schools and training: _____

Special Skills

What knowledge, special technical or computer skills, and/or other qualifications have you acquired from employment or other experience? Include any specific equipment that you can proficiently operate.

List any first aid or emergency response training for which you are currently certified (give date of certification).

References

Give three references who are not relatives or former employers.				
Name	Occupation	Years Known	Phone	Address

Affidavit

I authorize, without liability, investigation of all statements in this application.

I authorize all schools which I attended and all previous employers to furnish to the Company my record, reason for leaving and all information they may have concerning me, and hereby release them and the Company from all liability for any damage whatsoever arising therefrom.

I authorize my neighbors, friends or others with whom I am acquainted or who are acquainted with me to furnish the Company with information used in connection with the evaluation of my qualifications as a prospective employee. I release such persons and organizations from any legal liability in making such statements.

I understand that in event of my employment by the Company, it shall be sufficient cause for dismissal if any of the information I have given in this application is false or if I have failed to give any information herein requested. I understand that proof of identity and work authorization will be required upon employment in accordance with federal regulations. In the event of my employment by the Company, I agree to abide by all present and subsequently issued rules of the Company.

Signature _____

Date _____

Lions Industries for the Blind, Inc.

EEO SELF-IDENTIFICATION FORM – ETHNICITY AND GENDER [INCLUDE WITH EMPLOYMENT APPLICATION]

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM.

Lions Industries for the Blind, Inc. is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, Lions Industries for the Blind, Inc. invites applicants to voluntarily self-identify their race or ethnicity. Submission of this information is voluntary and refusal to provide it will not affect the decision regarding your application for employment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

If you choose not to self-identify at this time, the federal government allows this employer to determine the information asked below by visual survey.

PLEASE PRINT

NAME: _____ DATE: _____
Last First Middle

Position applied for: *(list only one)* _____

*****PLEASE ANSWER THE FOLLOWING QUESTIONS IN SECTIONS 1 and 2*****

SECTION 1: What is your gender? Check only **ONE** box:

- Male** **Female**

SECTION 2: What is your race or ethnicity? Check only **ONE** box.

- Hispanic or Latino:** A person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- White (not Hispanic or Latino):** a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American (not Hispanic or Latino):** a person having origins in any of the black racial groups of Africa.
- American Indian or Alaskan Native (not Hispanic or Latino):** a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Asian (not Hispanic or Latino):** a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Native Hawaiian or Pacific Islander (not Hispanic or Latino):** a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Two or More Races (one of which is not Hispanic or Latino):** all persons who identify with more than one of the above five races listed as *not Hispanic or Latino*.