

Lao-Hmong Security Agency

Employment Application

This organization is a drug-free workplace and an equal employment opportunity employer.

LAST NAME	FIRST	MIDDLE
PRESENT STREET ADDRESS	CITY	STATE ZIP
MAILING ADDRESS (if different from above)	CITY	STATE ZIP
HOME TELEPHONE NUMBER	MESSAGE OR CELLULAR TELEPHONE NUMBER	
POSITION APPLYING FOR	SALARY DESIRED	
HOW WERE YOU REFERRED TO US? Please check one <input type="checkbox"/> Newspaper advertisement <input type="checkbox"/> Walk In <input type="checkbox"/> Other	ARE YOU APPLYING FOR: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY SHIFTS AVAILABLE: (please circle days you can work) Monday Tuesday Wednesday Thursday Friday Saturday Sunday DAYS ONLY NIGHTS ONLY ANYTIME	
IF HIRED, CAN YOU PRESENT EVIDENCE THAT YOU HAVE THE LEGAL RIGHT TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE AVAILABLE TO START WORK	
HAVE YOU EVER BEEN EMPLOYED HERE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHEN?	ARE YOU AT LEAST 18 YEARS OLD? <input type="checkbox"/> YES <input type="checkbox"/> NO If under 18, hire is subject to verification that you are of minimum legal age.	
HAVE YOU BEEN CONVICTED OF A FELONY OR MISDEMEANOR IN THE PAST FIVE YEARS? (Convictions for marijuana- related offenses that are more than two years old need not be listed.) <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN.	Are you able to perform the essential functions of the job for which you are applying either with or without reasonable accommodation? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, please describe the functions that cannot be performed.	
Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, date of the offense, surrounding circumstances and the relevance to the position applied for may however be considered.		

EDUCATION

NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	CIRCLE LAST YEAR COMPLETED	DID YOU GRADUATE ?	LIST DIPLOMA OR DEGREE
HIGH		1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE		1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	

SKILLS

LANGUAGE SKILLS			
LANGUAGE	DO YOU: SPEAK <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Fluent <input type="checkbox"/>	READ <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Fluent <input type="checkbox"/>	WRITE <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/>
Fluent <input type="checkbox"/>			
LANGUAGE	DO YOU: SPEAK <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Fluent <input type="checkbox"/>	READ <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Fluent <input type="checkbox"/>	WRITE <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Fluent <input type="checkbox"/>
OFFICE SKILLS			
<input type="checkbox"/> TYPING WPM <input type="checkbox"/> SHORTHAND <input type="checkbox"/> CALCULATOR/TEN KEY <input type="checkbox"/> OTHER _____ COMPUTER SKILLS: <input type="checkbox"/> EXCEL <input type="checkbox"/> WORD <input type="checkbox"/> OTHER: _____			
Please list any special skills, training or education that may be applicable to the position you are applying for:			

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PREVIOUS EXPERIENCE

LIST NAME, ADDRESS AND PHONE NUMBER OF PREVIOUS EMPLOYERS, WITH MOST RECENT EMPLOYER FIRST	FROM	TO	IMMEDIATE SUPERVISOR	LAST SALARY Hourly, Monthly or Yearly
<p>MAY WE CONTACT YOUR PRESENT EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>PLEASE SIGN HERE TO AUTHORIZE REFERENCE CHECK OF PRESENT EMPLOYER</p> <p>EMPLOYER NAME: _____ PHONE: _____</p> <p>ADDRESS: _____</p> <p>JOB TITLE: _____ JOB DUTIES: _____ REASON FOR LEAVING: _____</p>				

LIST NAME, ADDRESS AND PHONE NUMBER OF PREVIOUS EMPLOYERS, WITH MOST RECENT EMPLOYER FIRST	FROM	TO	IMMEDIATE SUPERVISOR	LAST SALARY Hourly, Monthly or Yearly
<p>MAY WE CONTACT YOUR PRESENT EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>PLEASE SIGN HERE TO AUTHORIZE REFERENCE CHECK OF PRESENT EMPLOYER</p> <p>EMPLOYER NAME: _____ PHONE: _____</p> <p>ADDRESS: _____</p> <p>JOB TITLE: _____ JOB DUTIES: _____ REASON FOR LEAVING: _____</p>				

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<p>MAY WE CONTACT YOUR PRESENT EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>PLEASE SIGN HERE TO AUTHORIZE REFERENCE CHECK OF PRESENT EMPLOYER</p> <p>EMPLOYER NAME: _____ PHONE: _____</p> <p>ADDRESS: _____</p> <p>JOB TITLE: _____ JOB DUTIES: _____ REASON FOR LEAVING: _____</p>				

BUSINESS REFERENCES

LIST THREE REFERENCES WHO ARE NOT RELATIVES OR PERSONAL FRIENDS.			
NAME AND RELATIONSHIP	TITLE	COMPANY NAME	TELEPHONE
EMERGENCY CONTACT			
NAME	RELATIONSHIP	ADDRESS	TELEPHONE

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MILITARY

HAVE YOU OBTAINED ANY SPECIAL SKILLS OR ABILITIES AS THE RESULT OF SERVICE IN THE MILITARY? ☐ Yes ☐ No

If yes, describe:

STATEMENT

PLEASE ADD ANY ADDITIONAL INFORMATION YOU MAY THINK HELPFUL TO YOUR CONSIDERATION FOR EMPLOYMENT

Lao-Hmong Security Agency (also known here as the Company) is an Equal Opportunity Employer.

READ THIS SECTION PRIOR TO PROVIDING SIGNATURE BELOW

I hereby certify that I have not knowingly 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 hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, 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 the **Company** 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.

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 the company. 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 the **Company**, and that no promises or representations contrary to the foregoing are binding on the **Company** unless made in writing and signed by me and the company's designated representative.

Initials

Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by the **Company** I am entitled to copies of any such public records obtained by the **Company** unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

I have read and understand the foregoing and I agree unconditionally to the foregoing.

Date

Applicant's Signature