

EXPERIENCE: Starting with the most recent, describe all paid, military and applicable voluntary experience. Highlight your knowledge, skills and abilities which best demonstrate your qualifications for this position. **May we contact your present supervisor? Yes _____ No _____**

Job Title _____ Type of Business _____

Employer & Address _____

Telephone (____) _____ Starting Salary _____ Current Salary _____

Start Date (Month/Year) _____ End Date (Month/Year) _____

Duties and Responsibilities: _____

Supervisor's name: _____ No. of employees You Supervised: _____

Reason for leaving _____

Job Title _____ Type of Business _____

Employer & Address _____

Telephone (____) _____ Starting Salary _____ Current Salary _____

Start Date (Month/Year) _____ End Date (Month/Year) _____

Duties and Responsibilities: _____

Supervisor's name: _____ No. of employees You Supervised: _____

Reason for leaving _____

Job Title _____ Type of Business _____

Employer & Address _____

Telephone (____) _____ Starting Salary _____ Current Salary _____

Start Date (Month/Year) _____ End Date (Month/Year) _____

Duties and Responsibilities: _____

Supervisor's name: _____ No. of employees You Supervised: _____

Reason for leaving _____

LIST OTHER TRAINING—LICENSES—CERTIFICATIONS—ACCOMPLISHMENTS:

Do you have:

Current Certification in First Aid?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Current Certification in CPR?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Current Certification in Medication Administration?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Current Certification in Behavior Management?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
A Current Driver's license?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
A Current TB (PPD) Screening?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

NOTE: Copies of these certifications must be provided to the Director of Human Resources if a job offer is extended to you.

MISCELLANEOUS:

Check shift you will accept: Day Evening Midnight Weekends
 Check Job Status you will accept: Full Time Part Time

JOB REFERENCES:

<i>Place of Employment</i>	<i>Employment Address:</i>	<i>Supervisor's Name</i>	<i>Employment Telephone #</i>

CERTIFICATION: (This statement MUST be signed)

I hereby certify that all statements made in this application are true and complete to the best of my knowledge. I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part of any employment opportunities with LUCAS LODGE, LLC and persons named herein blameless in that event. I understand that all information on this application is subject to verification and I consent to references and former employers and educational institutions and licensing boards listed being contacted regarding this application.

Applicant's Signature _____ Date _____