

Lindell Consulting, LLC
Application for Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

(Please type or print—This application must be completed by all applicants)

Position(s) Applied for	Date of Application
Last Name First Name Middle Name	
Street Address	
Home Telephone Number	Cell or Other Number

Are You Currently Employed? No Yes, Where? _____

Have you previously applied for, interviewed for, volunteered for, and/or worked for Lindell Consulting, LLC?

No Yes, Explain _____

How did you hear about this job opportunity? _____

If referred by an employee, please write their name here: _____

Are you prevented for lawfully becoming employed in this country because of Visa or Immigration Status?

No Yes *Proof of citizenship or immigration status will be required upon employment*

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on “lay off” status and subject to recall? No Yes

Can you travel is a job requires it? No Yes

Are you physically or otherwise unable to perform the duties of the job for which you are applying?

Yes No, Please explain _____

Are you over the age of 21? No Yes

I **authorize** Lindell Consulting, LLC to perform extensive background checks in regards to my employment request. These may include, but are not limited to: State, County, Federal, Automobile, Business References, Personal References, etc. No Yes

LINDELL CONSULTING, LLC IS AN EQUAL OPPORTUNITY EMPLOYER

Employment History: Start with your present or last job. Include any job-related military service assignment and volunteer activities. You may exclude organization which indicates race, color, religion, gender, national origin, handicap or other protected status.

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Full time	Part time	
Job Title	Supervisor's Name		
May we contact this person for a reference?	Yes	No	
	Hourly rate/Salary		
Reason for leaving	Start	Final	
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Full time	Part time	
Job Title	Supervisor's Name		
May we contact this person for a reference?	Yes	No	
	Hourly rate/Salary		
Reason for leaving	Start	Final	
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Full time	Part time	
Job Title	Supervisor's Name		
May we contact this person for a reference?	Yes	No	
	Hourly rate/Salary		
Reason for leaving	Start	Final	
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Full time	Part time	
Job Title	Supervisor's Name		
May we contact this person for a reference?	Yes	No	
	Hourly rate/Salary		
Reason for leaving	Start	Final	

If you need additional space, please continue on a separate sheet of paper

Special Skills and Qualifications: Summarize acquired from employment or other experience.

Professional References: List below three persons who have knowledge of your work performance within the last four years. Please include profession references only.

Name—First, Last _____

Telephone Number(s) _____

Address _____ City _____ State _____ Zip _____

Occupation _____ Number of Years Acquainted _____

Name—First, Last _____

Telephone Number(s) _____

Address _____ City _____ State _____ Zip _____

Occupation _____ Number of Years Acquainted _____

Name—First, Last _____

Telephone Number(s) _____

Address _____ City _____ State _____ Zip _____

Occupation _____ Number of Years Acquainted _____

Personal References: List below two personal references. These individuals should not be relative or past employers.

Name—First, Last _____

Telephone Number(s) _____

Address _____ City _____ State _____ Zip _____

Relationship _____ Number of Years Acquainted _____

Name—First, Last _____

Telephone Number(s) _____

Address _____ City _____ State _____ Zip _____

Relationship _____ Number of Years Acquainted _____

Education

	High School	Undergraduate College/University	Graduate/Professional
Name and Location			
Years Completed			
Diploma/Degree	Diploma GED		
Describe Course of Study			

Please describe other educational accomplishments

Current licenses or certificates held

Agreement

I hereby authorize investigation of all statements contained in this application. I agree that if any misrepresentation or omission has been made by me herein or the results of an investigation are not satisfactory for any reason, any offer of employment made to me by the agency may be terminated immediately. I further agree that the agency will have no obligation or liability to me except to pay me, at the rate agreed upon, for services actually rendered if I have been employed.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between the agency and myself for either employment or the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the agency. If an employment relationship is established, I understand that I have the right to terminate my employment at any time for any reason or no reason and the agency retains the same right regarding the discontinuation of my employment

I here by acknowledge that I have read and understand the foregoing.

Signature of Applicant

Date

Employment Data Record

Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other legally protected status.

As an employer with Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose for this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information, please note that all Data Record is optional. If you choose to volunteer the requesting information, please note all Data Record are kept in a confidential file and are not part of your Application for employment or personnel file

Please note: **YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT EFFECT ANY EMPLOYEMENT DECISIONS.**

VOLUNTARY SURVEY

Please print

Date: _____

Government agencies at times require periodic reports on the sex, ethnicity, handicap, veteran and other protected status of employees. This data is for statistical analysis with respect to the success of the Affirmative Action program. **SUBMISSION OF THIS INFORMATION IS VOLUNTARY.**

Name: _____ Social Security Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Position Applied For: _____

Male Female (circle one) Age: _____

Circle one of the following: (Ethnic Origin):

White Black Hispanic American Indian/Alaskan Native Asian/Pacific Island Other

Circle if any of the following are applicable:

US Veteran: No Yes: ___Inactive ___Active

US Reserves: No Yes: ___Inactive ___Active

___Vietnam Era Veteran ___Disable

Handicapped Individual: No Yes