

PRE-Employment Application

Operations Team Position

Please furnish all information requested on this application; do not refer to other sources.

Date of Filing Ap	ate of Filing Application:			Date When Available:		
Position Desired:						
Hours Available t	o Work:					
	st Name		irst Name		Middle Name	
Present Address:	Street	City	State	Zip Code	() Telephone Number	
Email:		,		Ĩ		

EDUCATIONAL AND PROFESSIONAL TRAINING

School or Institution	Degree	Date Received	Dates Attended

What office machines can you operate?			
What special qualifications do you have?			
Can we contact your present employer for a reference? Yes No If "no", please explain:			
Have you ever had a professional license, certification, or registration suspended or revoked? Yes No If yes, explain circumstances:			

EXPERIENCE RELEVANT TO POSITION SOUGHT

Name of Firm		Salary	Dates
and Location	Type of Work	Hour/Month/ or Annual	Month/Year to Month/Year

OTHER WORK EXPERIENCE

Name of Firm and Location	Type of Work	Salary Hour/Month/ or Annual	Dates Month/Year to Month/Year

PROFESSIONAL REFERENCES

Title & Company	Email Address	Telephone
-	Title & Company	Title & Company Email Address

How did you learn of the position you are applying for?

Other than minor traffi	c offenses f	or speeding, parking violations, etc., have you ever been convicted of any
criminal offense?	Yes	No
If yes, please explain:		

Conviction of a crime is not an automatic bar to employment. The Center will consider the nature of the offense, the date of the offense, and the relationship between the offense and the position for which you are applying.

Why do you desire to leave your present position, or why did you leave your last position?

Have you ever been involuntarily terminated from employment? Yes No
If yes, please give dates and reasons for the termination:

In the space provided below, in your own handwriting, please write a paragraph or paragraphs stating your reason(s) for seeking employment within Elizabeth Layton Center.

AGREEMENT

I hereby certify that the above information to the best of my knowledge is true, accurate, and complete. Any misrepresentation or willful omissions of facts shall be sufficient cause for disqualification of this application or termination of employment. Furthermore, it is understood that this application and records become the property of ELC which reserves the right to accept or reject it. I further agree to observe all rules, regulations, and policies of ELC.

This application for employment shall be considered active for a period of time not to exceed 60 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with Elizabeth Layton Center, Inc., is of an "*at will*" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "*at will*" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the Executive Director of Elizabeth Layton Center, Inc.

Signature

Date

I hereby authorize ELC to conduct a work history and personal reference check along with a pre-employment background check by my signature and voluntarily providing the requested information below.

Signature

Date

Date of Birth: _____

Social Security Number: _____

Driver's License Number:

Return this application form to:

Corporate Office

Elizabeth Layton Center, Inc. ATTN: Human Resources PO Box 677 Ottawa, Kansas 66067-0677