

# LIFETIME ADVENTURES APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-3.

DATE \_\_\_\_\_

Name

\_\_\_\_\_  
Last First middle

Present address

\_\_\_\_\_  
Number Street City State Zip

How long \_\_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ If under 18, please list age \_\_\_\_\_

Position applied for (1) \_\_\_\_\_ and salary desired (2) \_\_\_\_\_

Days/hours available to work

No Pref \_\_\_\_\_ Thur \_\_\_\_\_

Mon \_\_\_\_\_ Fri \_\_\_\_\_

Tue \_\_\_\_\_ Sat \_\_\_\_\_

Wed \_\_\_\_\_ Sun \_\_\_\_\_

How many hours can you work weekly? \_\_\_\_\_ Can you work nights? \_\_\_\_\_

Employment desired \_\_\_ FULL-TIME ONLY \_\_\_ PART-TIME ONLY \_\_\_ FULL- OR PART-TIME \_\_\_

When are you available for work? \_\_\_\_\_

SCHOOL COMPLETED \_\_\_\_\_

NAME OF SCHOOL \_\_\_\_\_

LOCATION \_\_\_\_\_

NUMBER OF YEARS COMPLETED \_\_\_\_\_

MAJOR & DEGREE \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME? \_\_\_ No \_\_\_ Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DO YOU HAVE A DRIVER'S LICENSE? \_\_\_ Yes \_\_\_ No

Driver's license number \_\_\_\_\_ State of issue \_\_\_\_\_

Operator \_\_\_ Commercial (CDL) \_\_\_ Expiration date \_\_\_\_\_

Have you had any accidents during the past three years? How many? \_\_\_\_\_

Have you had any moving violations during the past three years? How Many? \_\_\_\_\_

Please list two references other than relatives or previous employers.

Name \_\_\_\_\_ relationship \_\_\_\_\_ years known \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ relationship \_\_\_\_\_ years known \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Address \_\_\_\_\_

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

**MILITARY**

HAVE YOU EVER BEEN IN THE ARMED FORCES?  Yes  No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?  Yes  No

Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

**Work Experience**

Please list your work experience for the **past five years** beginning with your most recent job held.

If you were self-employed, give firm name. **Attach additional sheets if necessary.**

May we contact your present employer?  Yes  No

\_\_\_\_\_  
Name of employer \_\_\_\_\_

Address \_\_\_\_\_

Name of last supervisor \_\_\_\_\_ Employment dates From \_\_\_\_\_ To \_\_\_\_\_

Pay or salary \_\_\_\_\_ Phone number \_\_\_\_\_ Your last job title \_\_\_\_\_

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

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Please Sign \_\_\_\_\_