

EMPLOYMENT APPLICATION
The Larrabee Center, Inc./Trinkets & Togs

Qualified applicants are considered for employment without regard to race, religion, national origin, sex, age, marital or veteran status, or the presence of a non-job related medical condition or disability.

NAME _____ PHONE () _____
(LAST) (FIRST) (MIDDLE)

ADDRESS _____ EMAIL _____
(STREET) (CITY) (STATE) (ZIP)

Please list maiden name or any other former names _____

Position(s) you are applying for _____ Date available to start work _____

Are you available full time part time seasonal/temporary Please specify days and hours desired _____

Are you legally eligible for employment in the United States and able to provide verification? Yes No

Have you ever been convicted of a crime in this state or any other state? Yes No
Do you have any record of founded child or dependent adult abuse in this state or any other state? Yes No
If yes, please explain. _____

Background checks will be completed on all applicants that are offered employment. A conviction will not necessarily disqualify an applicant from employment. However, failure to answer the above questions truthfully will be immediate grounds for disregarding your application for employment.
****The DCI maintains conviction records and deferred judgements without time limits.****

EDUCATION- Education information will be used for positions where specific education and training is required.

Do you have a High School Diploma or GED? Yes No

Name of last school attended _____ City _____ State _____

Circle the highest degree earned High School Diploma GED Certificate AA BA/BS MA Other _____

Please list area of concentration and/or degree, certificates, licenses, endorsements, or other training or skills _____

MILITARY HISTORY

Branch of Service _____ Final Rank _____

Major Responsibilities/Training _____

REFERENCES

Please list any other work/volunteer/military/educational references you feel would be able to give information regarding your ability to fill this position.

Full Name	Address	Phone	Years Known
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EMPLOYMENT RECORD-Please list your present or most recent job/military/volunteer experiences first.

Company Name _____ Job Title _____

Address _____ Phone () _____
(STREET) (CITY) (STATE) (ZIP)

Supervisor _____ Rate of Pay \$ _____ Employment Dates _____
(FROM) (TO)

Major duties, strengths and contributions in this position _____

Reason for leaving _____ May we contact this employer as a reference? Yes No

Company Name _____ Job Title _____

Address _____ Phone () _____
(STREET) (CITY) (STATE) (ZIP)

Supervisor _____ Rate of Pay \$ _____ Employment Dates _____
(FROM) (TO)

Major duties, strengths and contributions in this position _____

Reason for leaving _____ May we contact this employer as a reference? Yes No

Company Name _____ Job Title _____

Address _____ Phone () _____
(STREET) (CITY) (STATE) (ZIP)

Supervisor _____ Rate of Pay \$ _____ Employment Dates _____
(FROM) (TO)

Major duties, strengths and contributions in this position _____

Reason for leaving _____ May we contact this employer as a reference? Yes No

PLEASE READ CAREFULLY:

I give my permission to The Larrabee Center, Inc. to obtain job-related information concerning my prior employment history from previous employers, listed references, the Department of Criminal Investigation, the Department of Human Services, the Office of Inspector General, and the System for Award Management (SAM).

I give my permission to previous employers, the listed references, the Department of Criminal Investigation, the Department of Human Services, the Office of Inspector General, and the System for Award Management to provide job-related information concerning my employment at their company, record of criminal conviction, founded child or dependent adult abuse, or exclusion from Medicaid service provision. I release all concerned from any liability in connection therewith.

My signature below indicates that I have read, understood, and agreed to the preceding statement and that I have made true, correct, and complete answers and statements on this application. I understand that my answers and statements will be relied upon by TLC, Inc. in considering my application for employment, and I understand that any omission or false answer or statement made by me on this application, or any supplements to it, will be considered cause for dismissal or the withdrawal of job offer.

Applicant Signature _____ Date _____

How did you learn about this position? Newspaper Facebook/Social Media Online job board TLC employee Other _____