JOB APPLICATION

Lava Hot Springs Senior Center

150 N. Center Lava Hot Springs, ID 83246 208-776-5569

Lava Hot Springs Senior Center is an equal opportunity employer. This application will not be used for limiting or excluding any applicant for consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, applicant should contact a Senior Center representative.

Please fill out all of the sections below:

Applicant information		
Applicant Name:		
Address:		
City, State, Zip Code:		
Telephone Number:		
Email Address:	Date of	Application:
Employment Position		
Position(s) applying for:		(part-time)
How did you hear about this p	osition?	
On what date can you start wo	orking if you are hired?	
Personal Information		
Are you 18 years of age or old	er? Are you a U.S. citizen or ap	proved to work in the United States?
Will you consent to a mandate	ory controlled substance test?	/es No
-	of a criminal offense (Felony or misd of the crime(s), when and where conv	

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Job Skills/Qualifications

Please list below the skills and qualifications you possess for the position for which you are applying:

(Note: Lava Hot Springs Senior Center complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.)

Education/Training

High School

Name	Location (City, State)	Year Graduated	Degree earned

College/University

Name	Location (City, State)	Year Graduated	Degree earned

Vocational School/Specialized Training

Name	Location (City, State)	Year Graduated	Degree earned

Military

Currently a member?	Branch	Military rank	Years

References

Please provide two professional references below:

Reference	Contact Information

Previous Employment

Employer name:	
Job Title	
Supervisor name	
Employer address	
City, State, Zip Code	
Employer Phone #	
Dates employed	
Reason for leaving	
Employer name:	
Job Title	
Supervisor name	
Employer address	
City, State, Zip Code	
Employer Phone #	
Dates employed Reason for leaving	

Applicant Signature

Dated