Name					
Address (mailing	g)				
Street Address (If different from abo	ove)				
Telephone: (Ho	me)	(Cell) _	(Cell)		
Emergency Co	ntact:				
(name)			(relationship) (phone) Oo you have a valid driver's license		
How/Where di	d you hear about t	this position SEASONAL	or YEAR RO	DUND	
_		pleted			
EMPLOYMEN DATES	NT HISTORY: Be COMPANY	gin with present o SUPERVISOR	r most recent posi Phone or Email		

Name Name	es: <u>Phone</u>	In what Capacity you? How Long?	does this person know
1			
2			
3			
		Condition that would	d impair your ability to execut
Date Available to	work	Full Time	Part Time
Rate of Pay Expec	eted		
	reason for choosing th hich you feel might b	-	employment. List any skills o
Do you have any f	amily or friends curr	ently employed at LS	SCC?
knowledge and I ur		•	complete to the best of my ation on this application will be
consent to a backgr	ound check, and perm yment. I release all pa	it references listed to f	olication, up to and including furnish all information concerning for any damages that may result
Signature of Appl	icant		Date
Company Use ONI	Y (do not write below	this line)	
Interviewer Signa	ture		Date
			ept
	per		
	pci		

() Job Description Attached () Employee Affidavit Attached