

Lakeside-Milam Recovery Centers® Application for Employment

Position Applied for: _____ Date: _____

NAME: _____

Address: _____

Phone: _____

SSN: _____

Name and phone number of person to contact in emergency: _____

Relation: _____

Do you have any relatives working for Lakeside-Milam Recovery Centers®? Yes No

If yes, give job title: _____

Can you provide proof of citizenship after employment? Yes No

Did you complete a GED or graduate from high school? Yes No

COLLEGE EDUCATION							
College Attended	School City	School State	Major	Dates Attended	Credits	Degree Earned (BA, BS, MBA, etc.)	Date Degree Received

OTHER EDUCATION/TRAINING			
Other Courses and Training	Length of Course	Name of Sponsor/ Institution	Date

PROFESSIONAL LICENSES			
Type of License	License No.	Date Issued	Expiration Date

EMPLOYMENT HISTORY: List your work record, beginning with your present or most recent employment. You need not go back beyond 10 years. However, if you feel that your work experience beyond 10 years is important, please include it. Include any periods of self-employment and U.S. military service. Use additional sheets if necessary. List each promotion separately. Describe the work you did and the number and type of employees supervised, if any. Job-related volunteer experience may be included.

Your present (or most recent) position: _____

Employer: _____ Employer's Phone: _____

Employer's Address: _____

Name/Title of Supervisor: _____ Dates Employed: _____

Full or Part Time: _____ Starting Salary: _____ Last Salary: _____

May we contact your employer? Yes No

Reason for leaving or considering change: _____

Primary duties: _____

Title of Position: _____

Employer: _____ Employer's Phone: _____

Employer's Address: _____

Name/Title of Supervisor: _____ Dates Employed: _____

Full or Part Time: _____ Starting Salary: _____ Last Salary: _____

Reason for leaving: _____

Primary duties: _____

Title of Position: _____

Employer: _____ Employer's Phone: _____

Employer's Address: _____

Name/Title of Supervisor: _____ Dates Employed: _____

Full or Part Time: _____ Starting Salary: _____ Last Salary: _____

Reason for leaving: _____

Primary duties: _____
