



LIGHTHOUSE
We're in this together.™

APPLICATION FOR EMPLOYMENT

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LHrecovery.com

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or disability, or other classification protected by applicable law.

This application will remain active for 6 months from the date of application

GENERAL INFORMATION

NAME (LAST) (FIRST) (MIDDLE)			DATE OF APPLICATION
PRESENT ADDRESS (STREET, CITY, STATE, ZIP CODE)		HOME PHONE NO. ()	MOBILE PHONE NO. ()
ARE YOU A UNITED STATES CITIZEN OR OTHERWISE AUTHORIZED TO WORK IN THE UNITED STATES ON AN UNRESTRICTED BASIS:			<input type="checkbox"/> YES <input type="checkbox"/> NO
STATE AGE IF UNDER 18	ARE YOU STILL A STUDENT?		

POSITION

POSITION(S) APPLIED FOR:		HOW DID YOU HEAR ABOUT LIGHTHOUSE?	
ARE YOU PRESENTLY EMPLOYED?		MAY WE CONTACT YOUR PRESENT EMPLOYER?	
WOULD YOU WORK: <input type="checkbox"/> REGULAR FULL-TIME <input type="checkbox"/> REGULAR PART-TIME <input type="checkbox"/> TEMPORARY FULL-TIME <input type="checkbox"/> TEMPORARY PART-TIME <input type="checkbox"/> PER DIEM		ARE YOU ON A LAY-OFF AND SUBJECT TO RECALL? <input type="checkbox"/> YES <input type="checkbox"/> NO CAN YOU TRAVEL IF A JOB REQUIRES IT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
		DATE AVAILABLE	SPECIFY DAYS AND HOURS AVAILABLE
WERE YOU PREVIOUSLY EMPLOYED BY LIGHTHOUSE?		IF YES, PROVIDE DATES OF EMPLOYMENT	
HAVE YOU EVER APPLIED FOR A POSITION WITH LIGHTHOUSE?		IF YES, WHEN?	
LIST FRIENDS OR RELATIVES PRESENTLY WORKING FOR LIGHTHOUSE:			
LIST PROFESSIONAL TRADE, BUSINESS OR CIVIC ORGANIZATIONS TO WHICH YOU BELONG: (YOU MAY EXCLUDE GROUPS WHICH INDICATE RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, OR DISABILITY, OR OTHER CLASSIFICATION PROTECTED BY APPLICABLE LAW)			
ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING, WITH OR WITHOUT AN ACCOMMODATION?			<input type="checkbox"/> YES <input type="checkbox"/> NO
IF ACCOMMODATION IS NECESSARY, PLEASE STATE THE ACCOMMODATION NEEDED:			

REFERENCES

LIST THREE PERSONS, OTHER THAN RELATIVES OR PERSONAL FRIENDS

NAME/TITLE	MAILING ADDRESS	PHONE NUMBER ()
NAME/TITLE	MAILING ADDRESS	PHONE NUMBER ()
NAME/TITLE	MAILING ADDRESS	PHONE NUMBER ()

ADDITIONAL INFORMATION

HAVE YOU EVER BEEN CONVICTED OF A CRIME OR FELONY WHICH HAS NOT BEEN ANULLED OR SEALED BY A COURT?

YES NO

IF YES, EXPLAIN IN FULL, INDICATING DATE, CHARGE, PLACE, UNDER WHAT NAME AND ACTION TAKE. (USE ADDITIONAL PAPER IF NECESSARY.)

PLEASE NOTE: In case of conviction, a careful and thorough investigation will be made. Consideration will be given to the amount of time since the conviction, your employment history, the relationship between the type of employment considered for and the crime involved and any other circumstances or information that would pertain to your employment and the safe and efficient operation of the business. Failure to answer this question truthfully may result in the denial or termination of employment.

EMPLOYMENT EXPERIENCE

List each job held. Start with your present or last job. Include military service assignments, including the particular branch you have served in, and volunteer activities. (You may exclude groups which indicate race, color, religion, sex, national origin, age, marital or veteran status, or disability, or other classification protected by applicable law). Note: a dishonorable or general discharge from military service is not an absolute bar to employment, and other factors will affect a final hiring decision.

EMPLOYER	JOB TITLE	START DATE	END DATE
ADDRESS (STREET, CITY, STATE, ZIP CODE)			PHONE NO. ()
LAST SUPERVISOR'S NAME	REASON FOR LEAVING	HOURLY RATE	
POSITION DESCRIPTION			

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ADDRESS (STREET, CITY, STATE, ZIP CODE)			PHONE NO. ()
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POSITION DESCRIPTION			

SPECIAL SKILLS

SUMMARIZE SPECIAL SKILLS AND QUALIFICATIONS ACQUIRED FROM EMPLOYMENT OR OTHER EXPERIENCE:

RECORD OF EDUCATION

SCHOOL NAME	SCHOOL ADDRESS	COURSE OF STUDY	CHECK YEARS COMPLETED	LIST DEGREE(S)
ELEMENTARY			5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>	
HIGH			1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	
COLLEGE			1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	
OTHER (SPECIFY)			1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	
HONORS RECEIVED:				

AGREEMENT

If I am employed, in consideration thereof, I agree to conform to the rules and regulations of Lighthouse and I recognize that I have been hired at the will of Lighthouse and I understand and agree that my employment and compensation can be terminated with or without cause and with or without notice, at any time, at the option of Lighthouse. I understand that no one other than the President of Lighthouse has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, and that any such agreement must be in writing and signed by the President of Lighthouse.

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. I also agree to permit Lighthouse to conduct substance abuse tests and any other background investigative procedures it deems appropriate with respect to my application and, in the event of hire, while employed.

In the event of employment, I understand that false, incomplete or misleading information given in my application or interview(s) may result in discharge. I also understand and agree that employment may be subject to my taking a physical examination from the Lighthouse physician, and that in his/her opinion I must be physically and mentally able to perform the work for which I am applying or being considered, with or without reasonable accommodation. I understand, also, that I am required to abide by all rules and regulations of Lighthouse.

SIGNATURE OF APPLICANT

DATE

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