



CEDAR LAKE FOUNDATION, INC.

Application for Employment

Cedar Lake considers all applicants for employment without regard to race, color, national origin, age, sex, religion, disability, belief or any other legally protected status.

Position applied for: _____ Referred by: _____

Name _____ Social Security # _____

Address _____ City _____ State _____ Zip _____

Telephone # _____ Cell Phone # _____ Email _____

Driver's License # _____ Are you over the age of 18? ___ Yes ___ No

Have you worked for a Cedar Lake company before? ___ Yes ___ No If yes, dates of employment _____

Cedar Lake Company _____ Positions held _____

Are you available to work: ___ Days ___ Evenings ___ Nights ___ Weekends / ___ Full-Time ___ Part-Time

If selected for employment, when would you be available to start? _____

EMPLOYMENT HISTORY

Current or most recent employer	Dates of employment
Address of Employer	
Phone #	Supervisor's Name
	Final Wage
Position(s) Held	Duties
Reason for Leaving	
Employer	Dates of employment
Address of Employer	
Phone #	Supervisor's Name
	Final Wage
Position(s) Held	Duties
Reason for Leaving	
Employer	Dates of employment
Address of Employer	
Phone #	Supervisor's Name
	Final Wage
Position(s) Held	Duties
Reason for Leaving	

PERSONAL REFERENCES (Do not include former employers or relatives)

Name	Address	Telephone #

PERSONAL INFORMATION

Are you legally eligible for employment in the United States? ___ Yes ___ No

Cedar Lake will conduct a criminal record check on all applicants. Have you ever been convicted of, plead guilty or no contest or entered an Alford plea to a crime, excluding misdemeanors and summary offenses, in the past seven years which has not been annulled, expunged or sealed by a court? ___ Yes ___ No If yes, describe in full: _____

Have you ever been the subject of an administrative proceeding that involved allegations of sexual abuse and/or neglect? ___ Yes ___ No If yes, describe in full: _____

Your motor vehicle records will be checked at the beginning of your employment and you will be asked to participate in and pass a screen for illegal drugs or drugs not prescribed for your personal use as a part of a medical examination that is required after receiving a conditional offer of employment.

You have been provided with a job description containing the essential functions of the position. Are you able to perform the essential job functions listed? ___ Yes ___ No. If no, please list the functions you are unable to perform and explain why and if there are any accommodation that would allow you to perform them:

EDUCATION

School	Name & Location	Circle Last Year Completed	Did you Graduate?	Major Studies
High School		1 2 3 4	Yes No	
College		1 2 3 4	Yes No	
Other		1 2 3 4	Yes No	

Please list other skills or qualification which may be of benefit in the job for which you are applying:

To the best of my knowledge the answers on this application are true and complete. Should Cedar Lake need to verify any of the above statements to assist in arriving at any employment decision, I authorize them to do so.

I hereby acknowledge that any employment relationship with Cedar Lake Foundation, Inc. is of an "at-will" nature, which means that I may resign at any time or Cedar Lake Foundation may discharge me at any time with or without cause. It is further understood that this "at-will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the Director of Human Resources.

If I become employed by Cedar Lake Foundation, I understand that false or misleading information or omission of information given in my application and/or interview(s) may result in discharge. I understand, also, that I will be required to follow current policies and regulations of Cedar Lake and the Cedar Lake Foundation, Inc .

Signature

Date