

Lawrence PromptCare & Lawrence Occupational Health Services (LOHS)

Application for Employment
(Please Print or Type)

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religious persuasion, marital status, political belief, or disability that does not prohibit performance of essential job functions. We strictly enforce a no-smoking policy.

Date: _____

I. Personal Information

Name: Last _____ First _____ Middle _____

Present Address _____ City _____ State _____ Zip _____

Permanent Address (if different than above) _____

Social Security #: _____ Are you at least 18 years of age? _____

Telephone _____ eMail _____

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity (valid driver's license, birth certificate, Green Card, etc.) within three days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

Position Applied for: _____

4. Is there any information we would need about your name or use of another name for us to be able to check your work record? Please specify: _____

5. Do you have any relatives who are presently (or have formerly been) employed by Lawrence PromptCare/LOHS? _____

6. How were you referred to Lawrence PromptCare/LOHS? _____

Have you ever been convicted of felony? _____

If yes, please explain: _____

5. Do you currently smoke or use tobacco products? If yes, how often? _____

II. Educational History

School Name/Location

Elem/Jr. High _____

High School _____

College _____

Years Completed Degree/Diploma _____

Technical Training _____

III. Employment Record Please include all employment for the last five years.

(Current/Most Recent Employer)

1. Company Name _____

Position Held _____ Dates Employed _____

Address _____

Manager / Supervisor _____ Telephone _____

Reason For Leaving _____

Wage/Salary _____

2. Company Name _____

Position Held _____ Dates Employed _____

Address _____

Manager / Supervisor _____ Telephone _____

Reason For Leaving _____

Wage/Salary _____

3. Company Name _____

Position Held _____ Dates Employed: _____

Address _____

Manager / Supervisor _____ Telephone _____

Reason For Leaving _____

Wage/Salary _____

NOTE: Use a separate sheet to list additional employers, if necessary. We will contact all of the employers listed on this application unless you specifically exclude them below. Please list any employers you do not want us to contact and your reason for the exclusion:
Employer's Name and Reason:

IV. Work Availability

1. If your application receives favorable consideration, when will you be available to begin work?

2. Do you have any objection to working overtime?

3. Can you work overtime without prior notice?

4. Can you work on weekends?

5. Can you work evenings?

V. Salary / Hourly Rate Requirements

If your application receives favorable consideration, what salary/hourly rate would you require?

\$ _____ /per hour

Number of Hours requesting per week _____

Authorization and General Release

The undersigned in connection with this application, authorizes all corporations, companies, credit agencies, educational institutions, persons law enforcement agencies, military services and former employers to release information they may have about me to Lawrence PromptCare/LOHS or its agents and releases them from any liability or responsibility from doing so. Further, I authorize the procurement of an investigative consumer report and understand that such a report may contain information about my background, character and personal reputation. I understand that this notice will also apply to any future update reports that may be requested.

Applicant's Signature _____ Date _____

Return application to 3511 Clinton Place ~ Lawrence, KS 66047
You may attach a resume
Call 785-838-1500 for more information