



## Employment Application

**PLEASE PRINT**

|   |                |   |             |                      |   |
|---|----------------|---|-------------|----------------------|---|
|   |                |   |             | DATE                 |   |
| LAST NAME (S)   |                | FIRST NAME  |             | MIDDLE INITIAL       |   |
| PRESENT ADDRESS   |                |   | CITY        | STATE                | ZIP   |
| HOME PHONE  | BUSINESS PHONE | BEST TIME TO REACH YOU  | OTHER NAMES |                      | REFFERAL SOURCE:<br><input type="checkbox"/> News Paper <input type="checkbox"/> Internet <input type="checkbox"/> Walk-in <input type="checkbox"/> Job Fair<br><input type="checkbox"/> Friend / Relative <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME |                | HOURS AVAILABLE   |             | DESIRED STARTING PAY |   |
| DATE AVAILABLE FOR EMPLOYMENT   |                | REGULAR ATTENDENCE IS A REQUIREMENT OF THE JOB. CAN YOU PREFORM THIS JOB REQUIREMENT?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |             |                      |   |

### EDUCATION

|   |              |  |                     |                   |  |
|---|--------------|--|---------------------|-------------------|--|
| Last Level of education completed   |              | (If Applicable ) Branch of Military and rank |                     |                   |  |
| High School 9 10 11 12   College 1 2 3 4 +   GED <input type="checkbox"/> |              | From / To ( MO/YR)                           |                     |                   |  |
| SCHOOLS ATTENDED<br>(High Schools-Trade School- College / Universities)   | CITY / STATE | Major Study                                  | Grade Point Average | Did You Graduate? |  |
|   |              |  |                     |                   |  |
|   |              |  |                     |                   |  |
|   |              |  |                     |                   |  |
|   |              |  |                     |                   |  |

### GENERAL INFORMATION

|  |  |  |   |                              |                           |
|--|--|--|---|------------------------------|---------------------------|
| HAVE YOU EVER WORKED FOR Livingston & Haven, LLC BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO                        |  | IF SO, DATES?<br>FROM _____ TO _____   |   |                              |                           |
| ARE YOU RELATED TO ANY EMPLOYEE(S) OF Livingston & Haven, LLC? <input type="checkbox"/> YES <input type="checkbox"/> NO                  |  | RELATIONSHIP:  |   | NAME OF CURRENT EMPLOYEE (S) |                           |
| IF REQUIRED, DO YOU HAVE A VALID DRIVER'S LICENSE?<br><input type="checkbox"/> YES <input type="checkbox"/> NO                           |  | STATE:   | DRIVERS LICENSE #:  |                              |                           |
| ARE YOU ELIGIBLE TO WORK IN THE US?<br><input type="checkbox"/> YES <input type="checkbox"/> NO  |  | ARE YOU 18 OR OLDER?<br><input type="checkbox"/> YES <input type="checkbox"/> NO   |   |                              | IF NOT, WHAT IS YOUR AGE? |
| PLEASE CHECK IF YOU CAN WORK   |  | <input type="checkbox"/> SATURDAY <input type="checkbox"/> SUNDAY <input type="checkbox"/> HOLIDAYS <input type="checkbox"/> OVERTIME <input type="checkbox"/> NIGHTS <input type="checkbox"/> THIRD SHIFT |   |                              |                           |
| HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN A ROUTINE TRAFFIC VIOLATION? <input type="checkbox"/> YES <input type="checkbox"/> NO |  |  |   |                              |                           |
| IF YES, GIVE DATE(S) AND TYPE OF OFFENSE:  |  |  |   |                              |                           |
| POSITION APPLYING FOR:<br><br><input type="checkbox"/> OTHER _____   |  |  | NUMBER OF YEARS EXPERENCE IN THE POSITION APPLYING FOR:<br>YEARS: _____ MONTHS: _____ |                              |                           |

### OFFICE USE ONLY

|                             |      |                        |      |                          |
|-----------------------------|------|------------------------|------|--------------------------|
| REVIEWED BY HIRING MANAGER: | DATE | REVIEWED BY HR MANGER: | DATE | DATE RECEIVED BY HR DEPT |
|-----------------------------|------|------------------------|------|--------------------------|

# EMPLOYMENT RECORD

List your most recent position first.

|  |    |                |  |                    |            |      |       |     |
|--|----|----------------|--|--------------------|------------|------|-------|-----|
| NAME OF PRESENT OR LAST EMPLOYER   |    |                |  | STREET ADDRESS     |            | CITY | STATE | ZIP |
| FROM:  |    | TO:            |  | TELEPHONE          | SUPERVISOR |      |       |     |
| MO   | YR | MO             | YR                                     |                    |            |      |       |     |
| POSITION   |    |                |  | DUTIES             |            |      |       |     |
| STARTING SALARY  |    | LEAVING SALARY |  | REASON FOR LEAVING |            |      |       |     |
| TYPE OR JOB<br><input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME |    |                | WHAT DID YOU LIKE MOST ABOUT THIS JOB? |                    |            |      |       |     |

|  |    |                |  |                    |            |      |       |     |
|--|----|----------------|--|--------------------|------------|------|-------|-----|
| NAME OF NEXT PREVIOUS EMPLOYER   |    |                |  | STREET ADDRESS     |            | CITY | STATE | ZIP |
| FROM:  |    | TO:            |  | TELEPHONE          | SUPERVISOR |      |       |     |
| MO   | YR | MO             | YR                                     |                    |            |      |       |     |
| POSITION   |    |                |  | DUTIES             |            |      |       |     |
| STARTING SALARY  |    | LEAVING SALARY |  | REASON FOR LEAVING |            |      |       |     |
| TYPE OR JOB<br><input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME |    |                | WHAT DID YOU LIKE MOST ABOUT THIS JOB? |                    |            |      |       |     |

|  |    |                |  |                    |            |      |       |     |
|--|----|----------------|--|--------------------|------------|------|-------|-----|
| NAME OF NEXT PREVIOUS EMPLOYER   |    |                |  | STREET ADDRESS     |            | CITY | STATE | ZIP |
| FROM:  |    | TO:            |  | TELEPHONE          | SUPERVISOR |      |       |     |
| MO   | YR | MO             | YR                                     |                    |            |      |       |     |
| POSITION   |    |                |  | DUTIES             |            |      |       |     |
| STARTING SALARY  |    | LEAVING SALARY |  | REASON FOR LEAVING |            |      |       |     |
| TYPE OR JOB<br><input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME |    |                | WHAT DID YOU LIKE MOST ABOUT THIS JOB? |                    |            |      |       |     |

|  |    |                |  |                    |            |      |       |     |
|--|----|----------------|--|--------------------|------------|------|-------|-----|
| NAME OF NEXT PREVIOUS EMPLOYER   |    |                |  | STREET ADDRESS     |            | CITY | STATE | ZIP |
| FROM:  |    | TO:            |  | TELEPHONE          | SUPERVISOR |      |       |     |
| MO   | YR | MO             | YR                                     |                    |            |      |       |     |
| POSITION   |    |                |  | DUTIES             |            |      |       |     |
| STARTING SALARY  |    | LEAVING SALARY |  | REASON FOR LEAVING |            |      |       |     |
| TYPE OR JOB<br><input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME |    |                | WHAT DID YOU LIKE MOST ABOUT THIS JOB? |                    |            |      |       |     |

IF NEEDED PLEASE ATTACH ANOTHER SHEET OF PAPER WITH THE SAME REQUESTED INFORMATION REGARDING YOUR EMPLOYMENT RECORD

## SKILLS AND EXPERIENCE

Please list any special qualifications, training, education, skills, experience, or fluency in other languages that you feel warrant consideration by the company.

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By signing this application for employment, I certify that I have read and understand all parts of it and certify that all the information provided by me in order to apply for and secure work with Livingston & Haven, LLC is true, complete, and correct. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to cancel further consideration of this application or to immediately discharge me from the employer's services.

I authorize Livingston & Haven, LLC and its representatives to investigate my education, employment experience, criminal conviction record, and all other aspects of my background relevant to employment, including all statements made by me in my application for employment. I understand that my undergoing a drug test is a part of the application process. Please note that a positive result will disqualify you from consideration for employment and that a negative result does not guarantee employment. Any applicants not willing to comply with this requirement should not return a completed application form.

I understand that my employment with Livingston & Haven, LLC is for no definite length of time and that my employment may be terminated at any time, with or without cause and with and without notice at the option of Livingston & Haven, LLC or myself. I also understand that no employee or representative of Livingston & Haven, LLC has authority to make an agreement which is contrary to the foregoing.

I understand that the application remains current for 90 days. At the conclusion of that time, if I have not heard from Livingston & Haven, LLC and still wish to be considered for employment, it will be necessary for me to reapply and complete a new application.

Signature \_\_\_\_\_ Date \_\_\_\_\_



## Voluntary Self Identification Form

FOR STATISTICAL REPORTING WE ASK THAT YOU VOLUNTARILY  
PROVIDE THE INFORMATION BELOW.

This voluntary survey assists us in complying with government record keeping, reporting, and other legal requirements. We make periodic reports to the federal government regarding the data below. Your completion of this Voluntary Survey is optional. If you choose to volunteer the requested information, please note that this form is kept in a Confidential File and is not a part of your application for employment or personnel file.

**YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY  
EMPLOYMENT DECISION.**

Government agencies require periodic reports on the sex and other protected status of applicants and employees. This data is for statistical analysis with respect to the success of the Company's Affirmative Action program.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

**Check one:**      Male      Female

**Check ONE of the following:**

- |   |   |
|---|---|
| <input type="checkbox"/> Black or African American (not Hispanic or Latino)                 | <input type="checkbox"/> Hispanic or Latino                         |
| <input type="checkbox"/> White (not Hispanic or Latino)                                     | <input type="checkbox"/> Asian (not Hispanic or Latino)             |
| <input type="checkbox"/> Native Hawaiian or other Pacific Islander (not Hispanic or Latino) | <input type="checkbox"/> Two or More Races (not Hispanic or Latino) |
| <input type="checkbox"/> American Indian/Alaskan Native (not Hispanic or Latino)            |   |

The Company is an equal employment opportunity employer and we do not discriminate on the basis of race, color, religion, sex, national origin, age, veteran, disability, or any other similarly protected status. This form will be kept confidential and used only in accordance with applicable laws and regulations. Providing this information is strictly voluntary. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated. It will in no way impact the consideration of your application for employment. We comply with applicable government regulations regarding our Affirmative Action Plan responsibilities.

## Affirmative Action Definitions

**American Indian or Alaskan Native:** A person with origins in any of the original peoples of North America and South America (including Central America) and who maintains cultural identification through tribal affiliation or community attachment.

**Asian:** A person with origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent. This area includes, for example, Cambodia, China, Japan, Korea, the Philippine Islands, Malaysia, Pakistan, Thailand, and Vietnam.

**Native Hawaiian or other Pacific Islander:** A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**Black/African-American:** A person, not of Hispanic origin, with origins in any of the black racial groups of Africa.

**Hispanic or Latino:** A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin regardless of race.

**White:** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.