

# APPLICATION FOR EMPLOYMENT LRI MANAGEMENT

401 Ringgold road  
Brownsville, TX 78520  
800.220.3983

Date \_\_\_\_\_

## PERSONAL INFORMATION

Last Name	First Name	Middle
Address	City	State
Zip	Phone Day	Phone (if Different)
Social Security Number	Fax Number	Email address

## EMPLOYMENT INFORMATION

Position for which you are applying \_\_\_\_\_

Are you employed at the present time? Circle one YES NO

If yes, please complete the information below;

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

1. How long have you been with this employer? \_\_\_\_\_ Present Salary: \_\_\_\_\_

2. If offered a position, when can you report for work? \_\_\_\_\_

3. If hired can you show proof of your legal right to work in the U.S.? Circle one YES NO

4. Have you ever been dismissed, or asked to resign from any position? Circle one YES NO

5. Have you ever been convicted of a felony, or a misdemeanor which resulted in imprisonment?

Circle one YES NO

A yes answer to the above question does not necessarily disqualify an applicant from employment.

## EDUCATION

Please list on the following lines all schools attended and any other pertinent information about your education.

<p><u>School(s) Subjects Studied (if applicable)</u></p>
<p>High School</p>
<p>College (Including dates attended)</p>



**EMPLOYMENT EXPERIENCE** (List most recent experience first)

<u>Name &amp; Address Position(s) Held Dates (Start - End)</u>
<u>Name &amp; Address Position(s) Held Dates (Start - End)</u>
<u>Name &amp; Address Position(s) Held Dates (Start - End)</u>

**REFERENCES**

<u>Name &amp; Address (Include City, State, Zip) Phone Relationship</u>
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**SKILLS AND CERTIFIED TRAINING**

Please list all skills and training pertaining to the applied position.

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Desired Salary \_\_\_\_\_

**EMERGENCY CONTACTS**

NAME	RELATIONSHIP	PHONE NUMBER	ADDRESS
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DOCTOR	PHONE NUMBER	FAX NUMBER	ADDRESS

**I certify that all statements made herein and on the enclosed resume are true and correct to the best of my knowledge. I authorize investigation of all statements herein recorded. I release from liability all persons and organizations reporting information required by this application.**

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

# Availability:

Please mark an X on the times and days of the week you are available to work.

Time	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8AM							
9AM							
10AM							
11AM							
12PM							
1PM							
2PM							
3PM							
4PM							
5PM							
6PM							
7PM							