

# **LIVING DESIGN**

## **EMPLOYMENT APPLICATION**



Living Design, Inc. is an equal opportunity/affirmative action employer. All qualified applicants will be considered without regard to age, race, color, sex, religion, nation, origin, marital status, ancestry, citizenship, veteran status, sexual orientation or preference, or physical or mental disability.

## PERSONAL

Last Name	First	Middle Initial	Social Security #
Other Name(s) Used			Home Telephone # ( )
Address			Cell ( )
Position Applying For		Referred By	Salary Desired
Have you interviewed or been employed by Living Design before? Yes NO		If yes, list date(s), job title(s) & location(s)	
Do you have any relatives employed by Living Design? Yes NO		If yes, list date(s), job title(s) & location(s)	
Are you at least 18 years old? Yes NO		If under 18 Do you have a work permit?	
E-mail Address			

## EDUCATION

Circle Highest Grade Completed: High School 9 10 11 12  
 College, Trade or Business 1 2 3 4  
 Graduate Studies \_\_\_\_\_

School	Address	Major Studies	Degree, Diploma, License or Certificate
High School			
College/University			
Vocational, Business, Other			
List Any Professional Designations			
Other Special Knowledge, Skills or Qualifications			

*For Clerical Applicants Only:*

Do you type? Yes No	If yes, WPM:
Computer Skills (Hardware/Software)	

## EMPLOYMENT HISTORY

List all employments for the past 10 years, starting with the most recent position. All information **must** be completed. You may attach a resume, but not in place of completing the required information

Employed From / /	Employer Name	Supervisor Name	Starting Salary
Employed Until / /	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason for Leaving	
Duties & Responsibilities			

Employed From / /	Employer Name	Supervisor Name	Starting Salary
Employed Until / /	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason for Leaving	
Duties & Responsibilities			

Employed From / /	Employer Name	Supervisor Name	Starting Salary
Employed Until / /	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason for Leaving	
Duties & Responsibilities			

## GENERAL

Yes NO

- € € May we contact your current employer for references at this time?
- € € Will you be able to perform the essential job functions for the position you are applying for with our without reasonable accommodation?
- € € Have you ever been convicted of a felony or crime, excluding misdemeanors and Summary offense, which has not been annulled, expunged or sealed by court? (A YES response does not automatically disqualify your application.)

## CERTIFICATION OF AUTHORIZATION

The above information is true and correct. I understand that, in the event of my employment by Living Design, Inc, I shall be subject to dismissal if any information that I have given in this application is false or misleading or if I have failed to give any information herein requested, regardless of the time elapsed after discovery.

I authorize Living Design, Inc to inquire into my educational, professional and past employment history references, as needed, to research my qualifications for this position. I herby give my consent to any former employer to provide employment related information about me to Living Design, Inc and will hold Living Design, Inc and my former employer harmless from any claim made on the basis that such information about me was provided or that any employment decision was made on the basis of such information. I further authorize Living Design, Inc to obtain any credit and consumer information.

I understand that nothing in the employment application, the granting of an interview or my subsequent employment with Living Design, Inc is intended to create an employment contract between myself and Living Design, Inc under which my employment could be terminated only for cause. On the contrary I understand and agree that, if hired, my employment will terminable at will and may be terminated by me, or Living Design, Inc at any time and for any reason. I understand that no person has any authority to enter into any agreement contrary to the foregoing.

If employed, I will be required to provide original documents, which verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986. The document(s) provided will be used for completion of Form I-9.

I herby acknowledge that I have read and agree to the above statement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date