

## Employment Application

### Application Information

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  

Last
First
M.I.
MM/DD/YYYY

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

Street Address
Apartment / Unit #
  
 \_\_\_\_\_  

City
State
ZIP Code

Cell Phone: \_\_\_\_\_ Cell Carrier: \_\_\_\_\_ Crossroads: \_\_\_\_\_

Email: \_\_\_\_\_ Preferred Contact Method: Email  Text  Both

How did you hear about Lexington? \_\_\_\_\_ Social Security No.: \_\_\_\_\_

### Personal Statement / portion applying for

Lexington services is a different kind of company  
 Tell us why you chose to work in special needs and what makes you different?

Position you are applying for:

what company are you applying with:

- |  |   |
|--|---|
| <input type="checkbox"/> Lexington Learning Center | <input type="checkbox"/> Lexington Therapies                  |
| <input type="checkbox"/> Lexington Life Academy    | <input type="checkbox"/> Lexington Behavioral Health Services |

### Availability / Background check / Employment Disclaimer

Mondays:	
Tuesdays:	
Wednesdays:	
Thursdays:	
Fridays:	
Saturdays:	
Sundays:	

Please indicate if you are willing to undergo a background check as part of your preemployment process?  YES  NO

*\*NOTE this complete employment application packet including all requested information and certifications must be turned into the appropriate hiring manager **BEFORE** any offer of employment can be authorized. Completed and submitted employment applications are subject to review and are not an offer for employment.*

### Education

High School: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? Yes  No  Diploma: \_\_\_\_\_

Higher Education: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? Yes  No  Diploma: \_\_\_\_\_

Current Certifications: Fingerprint Card: Yes  No  Prevention and Support: Yes  No

First Aid: Yes  No  Habilitation: Yes  No  Direct Care Work 1: Yes  No

CPR: Yes  No  Article 9: Yes  No  Direct Care Work 2: Yes  No

## Employment Application

### Experience With Special Needs

Have you worked with a Special Needs Agency before? Yes  No

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Explain your work history with Special Needs: \_\_\_\_\_

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### Employment History

**Employer 1:**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? Yes  No

**Employer 2:**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

### Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

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