



Leadership Training Institute

50 Clinton Street, Suite 607, Hempstead, NY 11550 Telephone: (516) 483-3400 Fax: (516)483-3402 Email: info@ltiny.org

EMPLOYMENT APPLICATION

PLEASE PRINT AND COMPLETELY ANSWER ALL QUESTIONS

Leadership Training Institute (LTI) fully subscribes to the principles of Equal Employment Opportunity. It is our policy to provide employment, compensation, and other benefits related to employment based on qualifications, without regard to race, color, religion, national origin, age, sex, veteran status, genetic information, disability, or any other basis prohibited by federal, state or local law. In accordance with requirements of the Americans with Disabilities Act and applicable state laws, it is our policy to provide reasonable accommodation upon request during the application process to eligible applicants in order that they may be given a full and fair opportunity to be considered for employment. As an Equal Opportunity Employer, we intend to comply fully with applicable federal and state employment laws and the information requested on this application will only be used for purposes consistent with those laws. To the extent required by applicable law, LTI maintains a smoke-free workplace.

POSITION APPLIED FOR: _____ DATE: _____

PERSONAL DATA

Name: _____
Last Middle First

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone:(Home) _____ Cell: _____ Email _____

If you are under 18 years of age, please specify your age: _____ (This information will be used only for child labor law purposes).

Can you travel if the job requires it? Yes No

When will you be available to work? _____

Are you available to work? Full Time Part Time

Have you ever been convicted of a crime including any sexual or child abuse/neglect related offense? Yes No

Note: Answering "yes" does not automatically exclude you from further consideration for the position.

If yes, please explain: _____

How did you learn about LTI? _____

If referral, who were you referred by? _____

Have you ever applied or worked for LTI before? Yes No

If yes, provide dates: _____

Are you legally authorized to work in the United States? Yes No

Will you now or in the future require sponsorship for employment visa status (e.g.,H-1B visa status)?
 Yes No

Note: The Federal Immigration Reform and Control Act of 1986 requires that a DHS Employment Eligibility Verification "Form I-9" be completed for every new hire and that within 3 business days of beginning work every new hire must present to the employer documentation establishing his/her identity and authorization to work. This federal requirement must be satisfied as a condition of employment.

DRIVING RECORD

Do you have a valid driver's license? Yes No State: _____ License No: _____

EDUCATION

Describe any educational degrees, skills, training or experience you believe are relevant to the job applied for:

Name, City and State of Educational Institution	Graduated		If no, Degree Credits Earned	Type of Degree Received or Expected	Major	Minor	Grade Point/ Overall GPA
	Yes	No					
High School/GED							
College or University							
Technical/specialized training/certification							

LANGUAGES

	Fluent	Good	Fair
Speak			
Read			
Write			

EMPLOYMENT HISTORY:

Please complete for all full-time or part-time employment beginning with most recent employer. You may include as part of your employment history any verified work performed on a volunteer basis. All applicants should start with their most recent job, include active military assignments and voluntary employment and provide ten (10) years of history. (A separate sheet may be attached.) You must explain any gaps in your employment history.

Company Name: _____ Telephone: _____

Address: _____

Name of Supervisor: _____ May we contact: Yes No

Dates Employed: From: _____ To: _____

State job titles and describe job duties: _____

Reason for leaving: _____

Company Name: _____ Telephone: _____

Address: _____

Name of Supervisor: _____ May we contact: Yes No

Dates Employed: From: _____ To: _____

State job titles and describe job duties: _____

Reason for leaving: _____

Company Name: _____ Telephone: _____

Address: _____

Name of Supervisor: _____ May we contact: Yes No

Dates Employed: From: _____ To: _____

State job titles and describe job duties: _____

Reason for leaving: _____

Please explain any gaps in your employment history: _____

Have you ever been discharged or forced to resign? Yes No

If yes, explain: _____

Were you given a performance evaluation within the last 12 months of active employment? Yes No

If yes, what was the range of scores used and what was your score? _____

MILITARY *(Complete only if you served in the military.)*

Branch of Service: _____ Number of Years /Months of Service: _____

Rank at Discharge: _____ Date of Discharge: _____

Reason for Leaving: _____

Describe any military skills, training or experience you believe are relevant to the job you applied for:

REFERENCES *(Please list three persons not related to you who know your qualifications.)*

NAME	ADDRESS	PHONE	RELATIONSHIP

PERSON TO NOTIFY IN CASE OF EMERGENCY

Name: _____ Telephone: _____ Relationship: _____

APPLICANT'S ACKNOWLEDGMENT

I certify that the answers given herein (Supplement if applicable) are true and complete to the best of my knowledge. I understand that any misrepresentations, omissions of facts or incomplete answers in any application document may disqualify me from further consideration for employment. I further understand that, if employed, any misrepresentations or omissions of facts in any application document may be cause for my dismissal at any time without prior notice.

I consent to and authorize this Company to contact my former employers, references, and any and all other persons and organizations for information bearing upon my qualifications for employment. I further authorize the listed employers, schools and personal references to give the Company (without further notice to me) any and all information about my previous employment and education, along with any other pertinent information they may have and hereby waive any actions which I may have against either party(ies) for providing a good faith reference.

I understand that applicants for certain positions may be required to qualify for employment based on additional employment criteria. For example, I may be required to take job-related tests; take a driver's examination; submit to a background investigation or take a pre-employment drug test. If I am offered employment or start work before any required test is completed, my employment is contingent on a satisfactory result on all required tests. I authorize the release of any background check results and of any drug/alcohol test to any state or federal authority requesting such information and in response to a valid subpoena or other legal document.

Signature: _____ Date: _____

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange interview: Yes No

Remarks: _____

Employed: Yes No Date of employment: _____

Job title: _____ Program: _____

By: _____ Date: _____
Name and title

NOTES: _____