

EXPERIENCE (This section *must* be completed. A resume may be attached, but not substituted for this section.)

Read experience requirements in job announcement before completing this section. Begin with your most recent job; list all jobs for the last 10 years, and any other jobs, that relate to duties of job for which you are applying. Include number of hours per week that you worked. List any volunteer experience that relates to the job for which you are applying.

Dates		Employers		Duties	
From (Mo. & Yr.)		Name of Present or Last Employer		Your Title	No. Employees Supervised
To (Mo. & Yr.)		Address		Duties	
Hours Per Week		City/State/Zip Code			
Highest Monthly Salary \$		Immediate Supervisor's Name	Telephone	May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No Reason for leaving:	
From (Mo. & Yr.)		Name of Present or Last Employer		Your Title	No. Employees Supervised
To (Mo. & Yr.)		Address		Duties	
Hours Per Week		City/State/Zip Code			
Highest Monthly Salary \$		Immediate Supervisor's Name	Telephone	May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No Reason for leaving:	
From (Mo. & Yr.)		Name of Present or Last Employer		Your Title	No. Employees Supervised
To (Mo. & Yr.)		Address		Duties	
Hours Per Week		City/State/Zip Code			
Highest Monthly Salary \$		Immediate Supervisor's Name	Telephone	May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No Reason for leaving:	
From (Mo. & Yr.)		Name of Present or Last Employer		Your Title	No. Employees Supervised
To (Mo. & Yr.)		Address		Duties	
Hours Per Week		City/State/Zip Code			
Highest Monthly Salary \$		Immediate Supervisor's Name	Telephone	May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No Reason for leaving:	

CERTIFICATION OF APPLICANT: I certify that the statements on this application are true and complete to the best of my knowledge and belief and that any false statement or incomplete information will subject me to disqualification from employment with LBCC Auxiliary, Inc. I also understand that before my employment becomes effective, verification of minimum qualifications and documentation verifying my legal right to work in the United States must be filed in the LBCC Auxiliary, Inc.

I hereby authorize the potential employer to contact all previous employers and educational institutions, to obtain and verify the accuracy of information contained herein. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organization for providing such information.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either the employer or I can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

_____ **Date**

_____ **Signature of Applicant**

LBCC Auxiliary, Inc. is an Equal Opportunity/Affirmative Action employer and does not discriminate on the basis of race, religious creed, color, national origin, ancestry, gender, sexual orientation, age (over 40), marital status, medical condition or disability (including AIDS), other protected classes, or obligations to the National Guard or Reserve forces of the United States.