

The Lighthouse School

"Lighting the way to a brighter future" 62858 Highway 101 Coos Bay, OR 97420 (541) 751-1649



APPLICATION FOR EMPLOYMENT

(Please print or type clearly) Revised 9/2023

	Position	applying for:			
Name:					
La	ast	First	N	/liddle	
Address:					
	Street	City	State	Zip Code	€
Mailing Address	(if different than abo	ove):			
Telephone:		Cell p	phone:		
Message phone	:	Email:			
•	y serving, or have yo meet the requiremen		as it was posted?	•	no
Are you able to r Getting to kno Are you CPR c	meet the requirement ow you: certified:yes	its of the position	•	yes : yes _	no
Are you able to receive the following to know Are you CPR or Briefly tell us well and the following	meet the requirement ow you: certified:yes what interests you a	nts of the position no which we will be a second to the position when the second to the second	as it was posted? illing to get certified in: ghthouse School _	yes : yes	no
Are you able to receive the following to know Are you CPR or Briefly tell us well as w	meet the requirement ow you: certified:yes what interests you a children currently ending children:	nts of the position no w bout this position arolled at The Lig	as it was posted? illing to get certified n:	yes : yes yes	no
Are you able to receive the following to know Are you CPR or Briefly tell us well as the following tell as the	meet the requirement ow you: certified:yes what interests you a children currently ending children:	nts of the position no w bout this position arolled at The Lightled at The Lightled at The Lightled	as it was posted? illing to get certified in: ghthouse School house School _	yes : yes yes	no no no
Are you able to receive the following to know Are you CPR or Briefly tell us well as the following tell as the	meet the requirement ow you: ertified:yes that interests you a hildren currently en ny children: had children enrol	nts of the position no w bout this position mrolled at The Lig what grades: led at The Lightl The Lighthouse	as it was posted? illing to get certified n: ghthouse School house School School	yes : yes yes	no no no no

Employment Experience

Please account for all periods of employment. Attach additional sheets if more space is needed. Begin with current or most recent employer and include all work history relevant to the position applied for. Include volunteer experience. Completion of this section is required.

Job Title	Start date	End Date
Employer		
Address		
Direct Supervisor	Telephone	
May we contact this employer? Yes [] No [] Reason for leaving		f people you supervised
Duties and responsibilities		
Job Title	Start date	End Date
Employer		
Address		
Direct Supervisor	Telephone	
May we contact this employer? Yes [] No [] Reason for leaving	If applicable: Number o	f people you supervised
Duties and responsibilities		

Employment Experience Continued:

Please account for all periods of employment. Attach additional sheets if more space is needed. Begin with current or most recent employer and include all work history relevant to the position applied for. Include volunteer experience. Completion of this section is required.

Job Title		Start date	End Date
Employer			
Address			
Direct Supervisor		Telephone	
May we contact this employer? Yes [] N	o[] If a	applicable: Number of people	e you supervised
Reason for leaving			
Duties and responsibilities			
Job Title		Start date	End Date
Employer			
Address			
Direct Supervisor		Telephone	
May we contact this employer? Yes [] N		applicable: Number of people	e you supervised
Reason for leaving			
Duties and responsibilities			

Education and Training Summary

COLLEGES, NURSING, MILITARY, TRADES, BUSINESS OR OTHER SCHOOLS ATTENDED Name of School and Location Total Number Type of Training or Major Name of Certificate or Degree of Hours Received **Licenses and Certificates** List below any licenses/certificates that you have that may be required for this position. Title of License or Certificate Number _____ Issuing Agency _____ Expiration Date _____ Title of License or Certificate Number _____ Issuing Agency _____ Expiration Date _____ Title of License or Certificate Number _____ Issuing Agency _____ Expiration Date _____ Please rate your proficiency of the following: 0 indicates you have no experience and 10 indicates you could train others. Aesop ____ Veretime ___ I-visions ___ Entourage ____ Synergy ____ Mealtime ____ PayPal _____ Backing up a computer _____ Renaming a file ____ Renaming a flash drive ____ HTML ____ Saving files _____ Google Search ____ Grammar _____ Spelling without spellcheck ____ using spellcheck ____ Punctuation ____ Multiple line phones _____ Group emailing ____ Mail merge ____ 10-key ____ Excel Publisher Power Point Access Word Outlook Gmail

For Office Positons only: How many words per minute can you type? _____

Certification of Information/Release BY MY SIGNATURE BELOW, I:

Authorize the investigation of all matters which The Lighthouse School deems relevant to my qualifications for employment, including all statements made in this application and in any attachments or supporting documents and in any interviews. I authorize you to request and receive such information and I release from all liability any persons (such as current or former supervisors, co-workers, etc.) employers or other entities (schools, etc.) supplying it. I also release you from all liability, which might result from making the investigation.

Certify that the facts and information given in this application, in any attachment or supporting documents and in any interviews are (or will be) true and complete to the best of my knowledge. I understand that any falsification, misrepresentation or omission as well as any misleading statements or omissions, generally will result in denial of employment or immediate termination, regardless of when or how discovered.

Understand that I may be required to submit to pre-employment or post-employment physical examination or other professional examinations, medical inquiries and/or urinalysis tests for the presence of drugs or alcohol. I agree to such examinations inquiries or testing. I authorize release of the results to The Lighthouse School to evaluate my suitability for employment. I release The Lighthouse School from all liability arising out of or connected with any examinations, inquiries or testing.

Understand and agree that if I am hired the statements in these paragraphs will become a binding part of my employment relationship. I have read each of these statements. I have reviewed all of the information provided in this application and in any attachments or supporting documents.

Understand that if I am hired as a temporary employee, I cannot expect continued employment in a temporary position or to automatically become a regular employee. As a temporary employee, I may be disciplined or discharged from employment for any lawful reasons without warning.

NOTE: Applications or resumés cannot be returned. Please make necessary copies before submitting your application. A separate application is required for each individual vacancy. Unsigned applications will not be processed.

Signature:	Date:	
Print Name		