LAMB FOUNDATION

EMPLOYMENT / VOLUNTEER APPLICATION

THE LAMB FOUNDATION IS AN EQUAL OPPORTUNITY EMPLOYER. IT IS OUR POLICY THAT ALL APPLICANTS BE CONSIDERED SOLELY ON THE BASIS OF QUALIFICATIONS AND ABILITY. WITHOUT REGARD TO RACE, RELIGION, COLOR, SEX, AGE, NATIONAL ORIGIN, DISABILITY OR VETERAN STATUS.

PLEASE PRINT AND COMPLETE FORM IN DETAIL. PLEASE BE SPECIFIC AND FILL IN ALL APPROPRIATE BLANKS. ALL INFORMATION GIVEN WILL BE HELD IN STRICT CONFIDENCE.

NAME (LAS	ST, FIRST, MIDDLE)	N.	AME CALLE	D BY	DATE APPLICATION	COMPLETED
STREET AL	DDRESS :			YEARS	AT THIS ADDRESS :	
CITY	STATE	ZI	P	TEL. NO).	SOCIAL SECURITY NO.
PF ADD REV	LIST RIOR RESSES IN VERSE RDER					HOW LONG
	AVE THE LEGAL RIGHT PERMANENTLY IN THE U	.s.? Y	ES NO	IF NO, EXPLAI	N	***************************************
	J EVER BEEN D OF A CRIME?	Y	ES NO	IF YES, EXPLAI	N	
			EDUCATIO	ON		
*TYPE OF SCHOOL	NAME AND DATES LOCATION ATTENDED OF SCHOOL	MAJOR SUBJECTS	CIRCLE LAST YR	NO. OF	GRADUATE DEGRI ? YES/NO RECEIV (TYPE	'ED STANDING
HIGH SCHOOL			1234	QTR SEM HRS HRS		Top 10% Top 25%
						Top 50% Bottom 50%
COLLEGE	FROM TO		12345			Top 10% Top 25% Top 50%
OTHER	FROM					Bottom 50% Top 10%
	ТО		-			Top 25% Top 50% Bottom 50%

*(INDICATE IF ATTENDANCE FULL OR PA	RT TIME. WERE CLA	SSES DAY, E	VENING OR C	ORRESPONDENCE?)		
HOW WERE COLLEGE TUITION AND LIVIN	NG EXPENSES FINAN	CED?	or .			
ADDITIONAL COURSES OR GRADUATE ST	TUDIES					
EXTRACURRICULAR ACTIVITIES AND HO	ONORS (DO NOT INCI GROUPS)	UDE RACIA	L, RELIGIOUS	, OR NATIONALITY		
IN HIGH						
SCHOOL						
OFFICES HELD		FFICE				
	WORK EXPERIED PRESENT POSITION		BACK)			
FIRM NAME	TYPE OI	BUSINESS				
ADDRESS	CITY	STATE	ZI	PPHONE		
IMMEDIATE SUPERVISOR		TI	TLE	() PHONE ()		
			POSITION			
DATE	SALARY ONTHLY AN	NUAL	TITLE	DEPARTMENT		
STARTING						
FINAL/PRESENT						
EXPLAIN IN DETAIL PRESENT DUTIES						
WHAT DO YOU MOST ENJOY?	•		WHAT DO	YOU LEAST ENJOY?		
IF LEAVING PRESENT JOB, EXPLAIN						

FIRM NAME	TYPE OF			POSITION	
ADDRESS	BUSINESS CITY		STATE	ZIP	PHONE
IMMEDIATE SUPERVISOR	TIT	LE	PHONE		.()
DUTIES:	-			•	()
WHAT DO YOU MO	ST ENJOY?			WHAT DO	YOU LEAST ENJOY?
WHAT WERE YOUR	R REASONS FOR LEAVI	NG?			
OTHER POSITIONS	HELD (INCLUDE SUMI	MER WORK D	OURING SCHOOL)		
NAME OF	COMPANY	POSITION	DATES OF EMPLOYMENT	SALARY	REASON FOR LEAVING
ADDITIONAL COM	MENTS ABOUT POSITI	ONS HELD			
ADDITIONAL COM MAY WE CONTACT PRESENT EMPOYE	Г YOUR	ONS HELD	MAY WE CONTAC		

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ACTIVITIES						
INDICATE MEMBERSHIP, DEGREES OF PARTICIPATION, AND OFFICES HELD SINCE LEAVING SCHOOL IN CIVIC, PROFESSIONAL, SOCIAL, ATHLETIC OR OTHER ORGANIZATION OR ACTIVITIES, EXCEPT THOSE ORGANIZATIONS THE NAME OR CHARACTER OF WHICH MAY INDICATE YOUR RACE, COLOR CREED,						
RELIGION OR NATIONA	AL ORIGIN.					
CURRENT HOBBIES AN	D RECREATIONAL A	CTIVITIES	x = 3			
IN WHAT ADDITIONAL	ACTIVITIES WOULD	YOU LIKE TO ENGA	GE?			
	U.S.	MILITARY REC	ORD			
PRESENT SELECTIVE	PRESENT RESERVE		RESERVE BRAN			
SERVICE STATUS DATE OF ACTIVE SERV	NONE	ACTIVE ACTIVE U.S. SERVI	INACTIVE	NATIONAL GUARD HIGHEST RANK-		
DATE OF ACTIVE SERV	ICE-U.S UNL I	ACTIVE U.S. SERVI	ICE BRANCH	GRADE HELD		
FROM	7	ГО				
PRINCIPAL DUTIES						
DESCRIBE SPECIAL TR	AINING YOU MAY HA	AVE RECEIVED THA	T WOULD AID YOU	IN THE POSITION YOU		
ARE APPLYING FOR						
ADDITIONAL INFORMATION						
WHAT ARE YOUR PLANS FOR THE FUTURE?						
ARE THERE ANY OTHER EXPERIENCES, SKILLS OR QUALIFICATIONS WHICH YOU FEEL WOULD						
ESPECIALLY FIT YOU FOR WORK WITH OUR COMPANY?						

WHAT IS YOUR APPROXIMATE SALARY

REOUIREMENT PER MONTH? \$ _

WHAT LIMITATIONS ARE THERE ON YOUR TRAVEL OR

TRANSFER TO ANOTHER LOCATION

BUSINESS/PERSONAL REFERENCES

NAME	OCCUPATION	ADDRESS		PHONE	
			()	
			()	
			()	

By signing this application, I certify: That this application is complete and accurate to the best of my knowledge and that I have not made any attempt to conceal information and that falsification could be cause for dismissal. Further, The Lamb Foundation or its agents may request employment information from my previous employers and persons or corporations who provide information related to my previous employment and will be released from any liability or damage. Also, I agree if required to undergo a medical examination by a company designated physician and understand that medical approval must be obtained before employment can be effected. I have noted that The Lamb Foundation is an Equal Opportunity Employer and ad applicants receive lawful consideration for employment without regard to Race, Religion, Color, Sex, Age, National origin, Disability, or Veteran Status. I realize that if I am hired, The Lamb Foundation reserves the right to terminate my employment whenever the need arises.

	INTERNAL USE ONLY			
SIGNATURE	DATE	ACTION		
DATE	•			
EMPLOYMENT IS SUBJECT TO:				
1. PASSING PHYSICAL EXAMINATION				
BY COMPANY DESIGNATED PHYSICIAN				
(IF REQUIRED).				
2. SATISFACTORY REFERENCE REPORTS.				
3. FAVORABLE REPORTS FROM OUTSIDE				
AGENCIES ON VERIFICATION OF				
INFORMATION SUPPLIED.				