

Lawrence/Crawford Association  
For Exceptional Citizens  
905 W. Mulberry  
Robinson, IL 62454

**Job Application**

Application Date \_\_\_\_\_

**Personal Information**

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Social Security Number \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**Position Desired**

Position Desired \_\_\_\_\_

Date Available \_\_\_\_\_

Are you 21 years of age or older?

- Yes
- No

Have you applied here before?

- Yes, \_\_\_\_\_  
If so, date and position applied for
- No

Have you ever been convicted of a felony? (Do not include convictions that have been sealed, expunged, or statutorily eradicated).

- Yes
- No

Salary Desired \_\_\_\_\_

Indicate the following:

- Yes       No      Lift 50+ pounds
- Yes       No      Drive Van
- Yes       No      Valid Driver's License

Employment type desired?

- Full-time
- Part-time
- Temporary
- Shift Work
- Weekends

**Skills**

Indicate any of the following skills:

- Industrial Equipment       Computer Knowledge

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Education and Training

School	Major/Area of Study	Date Graduated	Degree/Certification

### Experience

Other Training, Honors, and Awards \_\_\_\_\_  
 \_\_\_\_\_

	Most Recent Employer	Previous Employer	Previous Employment
Company	_____	_____	_____
Address	_____	_____	_____
Supv. Name	_____	_____	_____
Supv. Phone	_____	_____	_____
Your job title	_____	_____	_____

	Job Description	Job Description	Job Description
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Dates Employed	_____	_____	_____
Salary	_____	_____	_____
Reason for leaving	_____	_____	_____

### References

Name	_____	_____	_____
Relationship	_____	_____	_____
Phone	_____	_____	_____
Address	_____	_____	_____

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age. Lawrence/Crawford Association for Exceptional Citizens is an equal opportunity employer.

Lawrence/Crawford Association for Exceptional Citizens, INC.

EEO DATA SHEET

**IMPORTANT – ALL APPLICANTS READ:** Lawrence/Crawford Association for Exceptional Citizens, INC. is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, L/CAEC invites applicants/employees to voluntarily self-identify their race or ethnicity. Submission of this form is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

NAME \_\_\_\_\_ Date \_\_\_\_\_  
          LAST                          FIRST                          MIDDLE INITIAL

SOCIAL SECURITY # \_\_\_\_\_ CURRENT POSITION \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

**ETHNIC CATEGORY (Check one)**

\_\_\_\_\_ White (not of Hispanic origin). All persons having origins in any of the peoples of Europe, North Africa, and the Middle East. (0)

\_\_\_\_\_ BLACK (not of Hispanic origin). All persons having origins in any of the Black racial groups. (1)

\_\_\_\_\_ ASIAN OR PACIFIC ISLANDER. All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Pacific Islands. This area includes, for example China, Japan, Korea, the Philippine Islands, and Samoas. Also persons from the Indian subcontinent, including peoples with national origins for Bangladesh, Bhutan, India, Nepal, Pakistan, Sukkim and Sri Lanka. (2)

\_\_\_\_\_ AMERICAN INDIAN OR ALASKAN NATIVE. All persons having origins in any of the original peoples of North America. (3)

\_\_\_\_\_ HISPANIC. All persons of Mexican, Puerto Rican, Cuban, Central or South America or other Spanish cultures regardless of race.

\_\_\_\_\_ I do not wish to voluntarily supply this information.

**VETERAN STATUS (Check one)**

\_\_\_\_\_ VETERAN – A person who 1) served on active duty for a period of more than 180 days, 2) who received other than dishonorable discharge, 3) who does not fall into any of the other categories outlined below. (1)

\_\_\_\_\_ DISABLED VETERAN – A person who has 30 percent or more disability and is entitled to disability compensation by the Veteran’s Administration who was released from the military service (active duty) for a disability incurred or aggravated in the line of duty. (2)

\_\_\_\_\_ VIETNAM ERA VETERAN - A person who served on active duty for more than 180 days (any part of which was performed during the period from August 5, 1964 through May 7, 1975) and who was discharged or released from the military service with other than a dishonorable discharge. (3)

\_\_\_\_\_ DISABLED VIETNAM ERA VETERAN – a person who meets both the criteria a stated in # 2 and #3 above. (4)

\_\_\_\_\_ OTHER – A person who is not a veteran and does not fall into any of the other veteran categories listed above. (5)

\_\_\_\_\_ I do not wish to voluntarily supply this information.

**DISABILITY STATUS**

Do you wish to identify yourself as a person with a disability, a person who has a physical or mental impairment that:

1. Substantially limits one of more of such person’s major life activities.
2. has a record of such impairment, and
3. whose handicap/disability was not acquired during military service.

\_\_\_\_\_ No

\_\_\_\_\_ Yes (If checked, please complete the following):

Are accommodations necessary? Yes \_\_\_\_\_ NO \_\_\_\_\_

Explain:

\_\_\_\_\_  
\_\_\_\_\_

Have accommodations been made? Yes \_\_\_\_\_ No \_\_\_\_\_

Explain:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ I do not wish to voluntarily supply this information.