

Application of Employment

**8150 Brookriver Drive, Ste-102
(214) 631-5864
(214) 630-8092 Fax**

**Monday – Friday
8:00 – 4:30 p.m. (CST)
Web address:**

Thank you for your interest in employment with the American Lung Association of the Central States!

The mission of the American Lung Association is to prevent lung disease and promote lung health. This offers applicants an opportunity to support a cause to be proud of. The American Lung Association of the Central States offers excellent opportunities for employment with a generous benefits package and great work environment.

The American Lung Association of the Central States is an Equal Opportunity Employer, dedicated to a policy of nondiscrimination in employment on any basis including race, color, age, religion, national origin or disability of a qualified individual. All applicants must meet the minimum job requirements for the specific position for which the application is made for.

If you have any question about our job openings or hiring process, please contact the Human Resources Department.

- Applications are accepted for current openings only. Essential job and minimum qualifications are posted for each opening. Only applicants meeting the minimum qualifications will be considered.
- All candidates require a background check screening once offer is extended.
- You will receive email notification when your application has been reviewed; because of the volume of resumes received – only candidates selected for interviews will be contacted.

Application for Employment

Position applying for: _____

Dear Applicant:

We appreciate your interest in our company and assure you that we are interested in your qualifications. A clear understanding of your background and work history will aid us in considering you for positions that best meet your qualifications. The American Lung Association of the Central States offers equal employment opportunity to all applicants for employment and all employees regardless of sex, age, race, color, religion, national origin, marital status, veteran status, sexual orientation, disability, genetic characteristics or any other class protected by applicable law.

Applicant Information Applicant Information

Full Name: _____ Date: _____

Last First M.I.

Address: _____

Street Address Apartment/Unit #

City State ZIP Code

Phone: ()

E-mail Address:

Date Available:

Social Security No.:

Desired Salary: \$

Position Applied for:

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when?

Have you ever been convicted of a felony? YES NO

If yes, explain:

Have you ever been employed by the American Lung Association?

Education & Skills

High School:

Address:

From: To: Did you graduate? YES NO Degree:

College:

Address:

From: To: Did you graduate? YES NO Degree:

Other:

Address:

From: To: Did you graduate? YES NO Degree:

Certificates and/or licenses:

Additional information you feel may further qualify you for this position:

References

Please list three professional references.

Full Name: _____ Relationship: _____
Company: _____ Phone: () _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: () _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: () _____
Address: _____

Military Service

Branch: _____ From: _____ To: _____
Rank at Discharge: _____ Type of Discharge: _____
If other than honorable, explain: _____

Previous Employment

Company: _____ Phone: () _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor YES NO

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____