

## Employment Application Legacy Center, LLC is an equal opportunity employer



Legacy Center, LLC (hereinafter LC) considers all applicants for all positions without regard to race, color, religion, sex, citizenship status, national origin, age, marital status, sexual orientation, physical or mental disability, military status or any other basis upon which discrimination is prohibited by federal, state, and/or local law. No question on the application is intended to secure information to be used for such discrimination. LC requires a background check as part of the hiring process. A resume is not a substitute for a signed application. Please complete the application in its entirety and email it to kwinningham@legacycentermichigan.com

LAST NAME:	FIRST NAME:	MI	Preferred Start Date:	
Street Address:			Position(s) Applying For: 1 2	
City	State	Zip	Pay desired:	
Phone	Availability for work (circle any that you will accept):			
Cell phone:			Full time Part time Temp/Seasonal	
   Email: (Required)	Are there any days or shifts you will NOT be able to work?			
Are you legally eligible for employment in the USA? (Proof will be required if hired)  Yes  No			Are you at least 18 years old? Yes No	
			Are you at least 25 years old? Yes No	
			Have you previously been employed at LC? Yes No	
			If yes, where and when:	
			Reason for leaving:	
REFERRAL SOURCE (check all that apply)				
EMPLOYEE REFERRAL	SCHOOL/COLLEGE		INDUSTRY ORGANIZATION	
Specify:	Specify:		Specify:	
ADVERTISEMENT	WALK-IN LOCATION		OTHER	
Specify:	Specify:		Specify:	
EDUCATION				
NAME OF SCHOOL:	MAJOR:		GRADUATED:	
Undergraduate College:			Yes No	
Graduate College:			Yes No	
Other (Specify):			Yes No	
List any other spoken languages, special courses, office skills, typing speed, experiences or qualifications which you feel would have a bearing on the job you are applying for:				
CERTIFICATION (list type of certification)				
(1)	(2)		(3)	
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List below all present and previous employment, beginning with your most recent. Please complete below even if information is available on your resume.  1. Company Name:  Street Address:  City, State, Zip  Phone:  From  MONTH YEAR  Position(s) Held:  Duties:  Reason for Leaving:  Name of Supervisor:  Title:  Name of Supervisor:  Title:  Name of Supervisor:  Title:  3. Company Name:  3. Company Name:  Street Address:  City, State, Zip  Phone:  Phone:  Phone:  Phone:  Phone:  From  MONTH YEAR  MONTH YEAR  MONTH YEAR  MONTH YEAR  MONTH YEAR  Position(s) Held:  Duties:  Duties:  Reason for Leaving:  Name of Supervisor:  Title:  Reason for Leaving:  Name of Supervisor:  Title:  Reason for Leaving:  Phone:	PREVIOUS EMPLOYMENT HISTORY				
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