



**LIGHTHOUSE**  
 — Therapeutic Services, LLC —  
 Healing · Growth · Empowerment

**Employment Application**

**Applicant Information**

Legal Name (Last, First MI): \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Employment Information**

Position Applying for: \_\_\_\_\_

Date Available to Start: \_\_\_\_\_ Desired Pay: \_\_\_\_\_ Hourly/Salary

Previous Employers for last 10 years				
Employer Name	City & Sate	Dates of Hire	Reason for Leaving	Phone Number

US Citizen:     Yes             No            Authorized to work in US:     Yes             No

Currently requires or will require sponsorship:     Yes             No

Have you ever been convicted of a felony?     Yes             No

If yes, please explain: \_\_\_\_\_

Qualifications				
	Name	City & State	Graduated Y/N	Degree/Major
High School				
College/University				
Professional/Graduate School				



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Licenses/Certifications:

Type: \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_

Type: \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_

<b>References: Please list three references. Two must be professional</b>				
Name	Type of reference	Years known	Phone number	Email address

*Lighthouse Therapeutic Services, LLC., is an equal opportunity employer. This Organization openly supports and is fully committed to the recruitment, selection and hiring of individuals without regard to race, color, sex, national origin, genetics religion, age, disability, or veteran status.*

*I understand that as a precondition to the employment, I may be required to undergo: (1) Employment and Education History Reference Checks (2) State and Federal Background Fingerprinting, (3) Child Protective Services Agency, (4) Division of Motor Vehicles Record Check.*

*I acknowledge understand and agree that, if hired, my employment is at-will for an indefinite period and may be terminated at any time with or without cause. I further understand that any other type of agreement, if made, must be entered into in writing and signed by both me and the owner(s) of the Organization.*

*I further acknowledge, agree and understand that, if hired, my employment is subject to the policies and procedures of the Organization, and that such policies and procedures may be issued and amended at the discretion of the Organization without prior notice. The content of the policies and procedures of the Organization as issued and/or amended does not constitute a contract of employment.*

*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/termination.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_