**LILA & Associates LLC**

Return your application via email to [Palestine@lilaandassociates1.com](mailto:Palestine@lilaandassociates1.com) or via fax: (903) 900-4128

**GENERAL INFORMATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name (Last)** | **(First)** | | | **(Middle Initial)** | **Home Telephone**  ( ) - |
| **Address (Mailing Address)** | **(City)** | | **(State)** | **(Zip)** | **Other Telephone**  ( ) - |
| **E-Mail Address** | | Are you legally entitled to work in the U.S.?  Yes  No | | | |
| **Birth-Date** | | **Social Security Number**: | | | |

**POSITION**

|  |  |  |
| --- | --- | --- |
| **Position:** | **HOURS:**  Must work a min of your signed SOW. Max hours based progress. | **DAYS**  Based on the need of the client and availability |
| Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation?  Yes  No |
| **Compensation:** | **Date Available:** | |
| **Are You Currently employed, If yes where?** | **Are you over the age of 18?** | |

**EDUCATION AND TRAINING**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| High School Graduate or General Education (GED) Test Passed?  Yes  No  If no, list the highest grade completed | | | | | | | |
| **College, Business School, Military** **(Most recent first)** | | | | | | | |
| Name and Location | Dates  Attended  Month/Year | Credits Earned | | | Graduate | Degree  & Year | Major  or Subject |
| Quarterly or  Semester  Hours | Other  (Specify) | |
|  | From |  |  | | Yes  No |  |  |
| To |  |
|  | From |  |  | | Yes  No |  |  |
| To |  |
|  | From |  |  | | Yes  No |  |  |
| To |  |
|  | From |  |  | | Yes  No |  |  |
| To |  |
| **Occupational License, Certificate or Registration** | | **Number** | | **Where Issued** | | | **Expiration Date** |
| **Languages Read, Written or Spoken Fluently Other Than English** | | | | | | | |

**VETERAN INFORMATION (Most recent)**

|  |  |  |
| --- | --- | --- |
| **Branch of Service** | **Date of Entry** | **Date of Discharge** |

**SPECIAL SKILLS** **(List all pertinent skills and equipment that you can operate)**

|  |
| --- |
|  |

**WORK EXPERIENCE (Most Recent First) (Include voluntary work and military experience)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Employer** | **Telephone Number** ( ) - | | **From (Month/Year)** |
| **Address** | | |
| **Job Title** | **Number Employees Supervised** | | **To (Month/Year)** |
| **Specific Duties (Maximum 1000 characters)** | | |
| **Hours Per Week** |
|
| **Last Salary** |
|
| **Supervisor** |
|
| **Reason for Leaving** | | **May We Contact This Employer?**   Yes  No | |
| **Employer** | **Telephone Number** ( ) - | | **From (Month/Year)** |
| **Address** | | |
| **Job Title** | **Number Employees Supervised** | | **To (Month/Year)** |
| **Specific Duties (Maximum 1000 characters)** | | |
| **Hours Per Week** |
|
| **Last Salary** |
|
| **Supervisor** |
|
| **Reason for Leaving** | | **May We Contact This Employer?**   Yes  No | |

**References (List 3 Professional)**

|  |  |  |
| --- | --- | --- |
| **Name** | **Phone Number** | **Occupation** |
|  |  |  |
|  |  |  |
|  |  |  |

**Emergency Contact**

|  |  |  |
| --- | --- | --- |
| **Name** | **Address** | **Phone Number** |

|  |  |  |
| --- | --- | --- |
|  |  |  |

**I certify the information contained in this application is true, correct, and complete. I understand that, if employed, false statements reported on this application may be considered sufficient cause for dismissal.**

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