**LILA & Associates LLC**

Return your application via email to 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 [ ]  NoIf no, list the highest grade completed    |
| **College, Business School, Military** **(Most recent first)** |
| Name and Location | Dates AttendedMonth/Year | Credits Earned | Graduate | Degree& Year | Major or Subject |
| Quarterly orSemesterHours | 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**