

APPLICATION FOR EMPLOYMENT

The Dallas Lighthouse for the Blind, Inc. is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, national origin, the presence of mental, physical, or sensory disability, sexual orientation, or any other basis prohibited by federal, state, or provincial law.

Please complete entire application to ensure processing

Last Name:	First Name:	Middle Initial:
Street Address:		Day Phone Number:
City:	State:	Zip:
Email Address:		Evening Phone Number:
		Referred by:
Do you have family members working here? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Position Applied For:

Have you ever been employed by us before? Yes No If Yes, Date:

Please describe disability status i.e. – Legally Blind, Deaf, Developmental:

Are you legally eligible for employment in the U.S.? Yes or No *(New hires will be required to provide proof of eligibility to work)*

Are you 18 years or older: (Yes or No):

Have you been convicted of a crime within the last seven (7) years? (Y or N):

If Yes, list convictions that are a matter of public record (arrests are not convictions).

A conviction will not necessarily disqualify you for employment.

EDUCATION	Name of School	Indicate Years Completed 1, 2, 3 or 4	Did You Graduate Y or N	Major	Diploma/Degree
High School:					
College:					
Technical/Other:					

FORMER EMPLOYERS **List below current and last three employers, starting with most recent one first. Please include any non-paid/volunteer experience which is related to the job for which you are applying. Please complete even if you attach resume.**
DATE (MM/DD/YYYY)

Date From:	To:	Employer:	May We Contact? (Y or N):
Supervisor's Name:		Address (Street/City/Zip):	
Position:	Phone Number:	Starting Salary:	Ending Salary:
Reason for Leaving:		Duties Performed:	

Date From:	To:	Previous Employer:	May We Contact? (Y or N):
Supervisor's Name:		Address (Street/City/Zip):	
Position:	Phone Number:	Starting Salary:	Ending Salary:
Reason for Leaving:		Duties Performed:	

REFERENCES

LIST BELOW THE NAMES OF THREE PROFESSIONAL REFERENCES

Name	Phone Number	Years Acquainted	How Do You Know This Person?
1.			
2.			
3.			

I hereby authorize Dallas Lighthouse for the Blind, Inc. to thoroughly investigate my background, references, employment record and other matters related to my suitability for employment. I authorize persons, schools, my current employer (if applicable), and previous employers and organizations contacted by the Dallas Lighthouse to provide any relevant information regarding my current and/or previous employment and I release all persons, schools, employers of any and all claims for providing such information. I understand that misrepresentation or omission of facts may result in rejection of this application, or if hired, discipline up to and including dismissal. I understand nothing contained in this application, or conveyed during any interview which may be granted, is intended to create an employment contract. I understand that filling out this form does not indicate there is a position open and does not obligate the Dallas Lighthouse to hire me. **(I understand and agree that my employment is at will, which means that it is for no specified period and may be terminated by me or the Dallas Lighthouse at any time without prior notice for any reason).**

Date:

Signature

VOLUNTARY SELF-IDENTIFICATION

Dallas Lighthouse for the Blind, Inc. is an Equal Opportunity Employer and does not discriminate on the basis of race, color, religion, sex, age, national origin, disability, veteran status, sexual orientation or any other classification protected by Federal, state, or local law. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information on this survey is to be voluntarily provided and will be kept confidential. Please return this page with your application, even if not completed.

PLEASE COMPLETE IN FULL:

Full Name:	Today's Date:
Position Applied For:	Male/Female

ETHNIC GROUP:

(Please check one of the descriptions below corresponding to the ethnic group with which you most identify):

- White (not Hispanic or Latino)** – Persons having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American (not Hispanic or Latino)** – Persons having origins in any black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (not Hispanic or Latino)** – Persons having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (not Hispanic or Latino)** – Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippines, Thailand, and Vietnam.
- American Indian or Alaska Native (not Hispanic or Latino)** – Persons having origins in any of the original peoples of North America and South America (including Central America), who maintain tribal affiliation or community attachment.
- Hispanic or Latino** – Persons from Cuba, Mexico, Puerto Rico, South or Central America, or other Spanish culture or origin regardless of race.
- Two or more races (not Hispanic or Latino)** – Persons who identify with more than one of the non Hispanic or Latino categories.

VETS 100 EMPLOYMENT SURVEY

The Federal Contractor Veterans' Employment Report (VETS 100) program is intended to assist the Department of Labor in determining whether Special Disabled, Vietnam-Era, and certain other veterans benefit from affirmative action in obtaining and advancing in employment. The information on this survey is to be voluntarily provided and will be kept confidential. Disclosure or refusal to provide the information will not subject the applicant to any adverse treatment and the information will be used only for statistical and record keeping purposes.

Please check one of the following:

Special Disabled Veteran

- I. A veteran who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administrated by the Department of veterans Affairs for a disability.
- (a) Rated at 30 percent or more, or
 - (b) Rated at 10 or 20 percent in the case of a veteran who has been determined under section 1506 of Title 38, U.S.C., to have a serious employment disability,
- II. A person who was discharged or released from active duty because of service-connected disability.

Veteran of the Vietnam Era

- I. A person who served more than 180 days of active military, naval, or air service, any part of which was during the period August 5, 1964, through May 7, 1975; and
- (a) Was discharged or released with other than a dishonorable discharge, or
 - (b) Was discharged or released from active duty because of a service-connected disability.

Veteran, Other Active Campaign (includes campaigns or expeditions for which a campaign badge, service medal or expeditionary metal has been awarded):

Please Specify: _____ **From** _____ **To** _____

Veteran, Other

Non-Veteran

Date You Were Separated From Active Duty: _____