

An Equal Opportunity Employer

APPLICATION FOR EMPLOYMENT

READ CAREFULLY:

TODAY'S DATE: _____
IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER
60 DAYS FROM THIS DATE, A NEW APPLICATION MUST BE
COMPLETED.

POSITION DESIRED		LOCATION DESIRED	ANNUAL/ HOURLY SALARY DESIRED	
TYPE OF EMPLOYMENT		REFERRED BY:		
FULL TIME	PART TIME			
PERSONAL DATA				
LAST NAME		FIRST NAME	MIDDLE NAME	
HOME ADDRESS (NUMBER, STREET)		CITY	ZIP CODE	
HOME TELEPHONE NUMBER () -	BUSINESS TELEPHONE NUMBER () -	CELL/ OTHER NUMBER () -	EMAIL ADDRESS	
PLEASE INDICATE OTHER NAMES UNDER WHICH YOU HAVE WORKED OR OBTAINED YOUR EDUCATION (FOR REFERENCE CHECKING PURPOSES ONLY)				
HAVE YOU EVER WORKED FOR FOREST LAWN? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHEN _____		HAVE YOU EVER APPLIED FOR A JOB AT FOREST LAWN? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHEN _____		CAN YOU, AFTER EMPLOYMENT, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO
LICENSES				
(INCLUDING DRIVER'S, REAL ESTATE, INSURANCE SALES, CEMETERY SALES, EMBALMER'S ETC.)				
TYPE OF LICENSE	STATE LICENSED	VALID?	EXPIRATION DATE	EVER BEEN SUSPENDED?
		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO

EMPLOYMENT DATA

LIST ALL EMPLOYMENT FOR THE PAST 10 YEARS STARTING WITH YOUR MOST RECENT POSITION. ALL TIME MUST BE ACCOUNTED FOR INCLUDING PERIODS OF UNEMPLOYMENT AND U.S. MILITARY SERVICE. IF YOU WERE UNEMPLOYED FOR ANY PERIOD, STATE THE NATURE OF YOUR ACTIVITIES AS YOUR WORK EXPERIENCE IS AN IMPORTANT FACTOR IN FINDING A POSITION FOR WHICH YOU ARE BEST SUITED. COMPLETE CAREFULLY. IF NEEDED, PLEASE USE ADDENDUM TO APPLICATION FOR EMPLOYMENT.

MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO

FIRM		COMPLETE STREET ADDRESS		CITY	STATE	ZIP CODE
SUPERVISOR		TELEPHONE NO/ EXTENSION		DATES OF EMPLOYMENT (INCLUDE MONTH AND YEAR)		
				FROM:	TO:	
ANNUAL/ HOURLY SALARY		SPECIFIC REASON FOR LEAVING				
STARTING	ENDING					
		TITLE AND SUMMARY OF YOUR DUTIES				
FIRM		COMPLETE STREET ADDRESS		CITY	STATE	ZIP CODE
SUPERVISOR		TELEPHONE NO/ EXTENSION		DATES OF EMPLOYMENT (INCLUDE MONTH AND YEAR)		
				FROM:	TO:	
ANNUAL/ HOURLY SALARY		SPECIFIC REASON FOR LEAVING				
STARTING	ENDING					
		TITLE AND SUMMARY OF YOUR DUTIES				
FIRM		COMPLETE STREET ADDRESS		CITY	STATE	ZIP CODE
SUPERVISOR		TELEPHONE NO/ EXTENSION		DATES OF EMPLOYMENT (INCLUDE MONTH AND YEAR)		
				FROM:	TO:	
ANNUAL/ HOURLY SALARY		SPECIFIC REASON FOR LEAVING				
STARTING	ENDING					
		TITLE AND SUMMARY OF YOUR DUTIES				
FIRM		COMPLETE STREET ADDRESS		CITY	STATE	ZIP CODE
SUPERVISOR		TELEPHONE NO/ EXTENSION		DATES OF EMPLOYMENT (INCLUDE MONTH AND YEAR)		
				FROM:	TO:	
ANNUAL/ HOURLY SALARY		SPECIFIC REASON FOR LEAVING				
STARTING	ENDING					
		TITLE AND SUMMARY OF YOUR DUTIES				

**ADDENDUM TO APPLICATION FOR EMPLOYMENT
EMPLOYMENT DATA (Continued)**

LIST ALL EMPLOYMENT FOR THE PAST 10 YEARS STARTING WITH YOUR MOST RECENT POSITION. ALL TIME MUST BE ACCOUNTED FOR INCLUDING PERIODS OF UNEMPLOYMENT AND U.S. MILITARY SERVICE. IF YOU WERE UNEMPLOYED FOR ANY PERIOD, STATE THE NATURE OF YOUR ACTIVITIES AS YOUR WORK EXPERIENCE IS AN IMPORTANT FACTOR IN FINDING A POSITION FOR WHICH YOU ARE BEST SUITED. COMPLETE CAREFULLY. IF NEEDED, PLEASE USE ADDENDUM TO APPLICATION FOR EMPLOYMENT.

MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO

FIRM		COMPLETE STREET ADDRESS	CITY	STATE	ZIP CODE
SUPERVISOR		TELEPHONE NO/ EXTENSION	DATES OF EMPLOYMENT (INCLUDE MONTH AND YEAR)		
			FROM:	TO:	
ANNUAL/ HOURLY SALARY		SPECIFIC REASON FOR LEAVING			
STARTING	ENDING				
		TITLE AND SUMMARY OF YOUR DUTIES			

FIRM		COMPLETE STREET ADDRESS	CITY	STATE	ZIP CODE
SUPERVISOR		TELEPHONE NO/ EXTENSION	DATES OF EMPLOYMENT (INCLUDE MONTH AND YEAR)		
			FROM:	TO:	
ANNUAL/ HOURLY SALARY		SPECIFIC REASON FOR LEAVING			
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FIRM		COMPLETE STREET ADDRESS	CITY	STATE	ZIP CODE
SUPERVISOR		TELEPHONE NO/ EXTENSION	DATES OF EMPLOYMENT (INCLUDE MONTH AND YEAR)		
			FROM:	TO:	
ANNUAL/ HOURLY SALARY		SPECIFIC REASON FOR LEAVING			
STARTING	ENDING				
		TITLE AND SUMMARY OF YOUR DUTIES			

I HAVE READ THE ABOVE STATEMENTS AND AGREE TO THE ABOVE TERMS AND CONDITIONS. I UNDERSTAND THAT BY TYPING MY NAME AND INITIALS ON THIS DOCUMENT WHERE INDICATED TO SIGN, I AM ELECTRONICALLY SIGNING MY APPLICATION: _____

PRINT NAME: _____

SIGNATURE: _____

DATE: _____

EDUCATIONAL RECORD

SCHOOL ATTENDED	NAME	NUMBER AND STREET CITY, STATE, ZIP CODE	CIRCLE LAST GRADE COMPLETED	MAJOR	GRADUATE		GED
					YES	NO	
LAST HIGH SCHOOL			9 10 11 12	X			
JUNIOR COLLEGE			1 2				X
COLLEGE OR UNIVERSITY			1 2 3 4				X
GRADUATE SCHOOL			1 2 3 4				X
TRADE SCHOOL			1 2 3 4				X
ADULT EDUCATION OR SPECIAL TRAINING							

SKILLS

TYPING <input type="checkbox"/> YES <input type="checkbox"/> NO _____ W.P.M	COMPUTER SKILLS <input type="checkbox"/> WORD <input type="checkbox"/> EXCEL <input type="checkbox"/> NONE <input type="checkbox"/> OTHER: _____ _____ _____		
OTHER SKILLS: _____ _____ _____			
LANGUAGES OTHER THAN ENGLISH THAT YOU SPEAK, READ AND/ OR WRITE			
LANGUAGE	SPEAK	READ	WRITE

Initials

I CERTIFY THAT THE INFORMATION I HAVE PROVIDED IS TRUE AND CORRECT AND THAT I HAVE NOT WITHHELD ANY INFORMATION THAT MIGHT AFFECT MY CHANCES FOR EMPLOYMENT. I FURTHER CERTIFY THAT I, THE UNDERSIGNED APPLICANT, HAVE PERSONALLY COMPLETED THIS APPLICATION. I UNDERSTAND THAT ANY OMISSION OR MISSTATEMENT ON THIS APPLICATION OR ON ANY DOCUMENT USED TO SECURE EMPLOYMENT SHALL BE GROUNDS FOR REJECTION OF THIS APPLICATION OR FOR IMMEDIATE DISCHARGE IF I AM EMPLOYED, REGARDLESS OF THE TIME ELAPSED BEFORE DISCOVERY.

Initials

I UNDERSTAND THAT NOTHING CONTAINED IN THE APPLICATION, OR CONVEYED DURING ANY INTERVIEW THAT MAY BE GRANTED OR DURING MY EMPLOYMENT, IF HIRED, IS INTENDED TO CREATE AN EMPLOYMENT CONTRACT BETWEEN ME AND FOREST LAWN. IN ADDITION, I UNDERSTAND AND AGREE THAT IF I AM EMPLOYED, MY EMPLOYMENT WILL BE WITH OR WITHOUT PRIOR NOTICE, AT THE OPTION OF EITHER ME OR FOREST LAWN, AND THAT NO PROMISES OR REPRESENTATIONS CONTRARY TO THE FOREGOING ARE BINDING ON FOREST LAWN UNLESS MADE IN WRITING AND SIGNED BY ME AND THE PRESIDENT OF FOREST LAWN.

Initials

I UNDERSTAND THAT, IF HIRED, MY EMPLOYMENT WILL BE SUBJECT TO FOREST LAWN POLICIES, RULES AND PROCEDURES, INCLUDING THOSE SET FORTH IN FOREST LAWN'S PERSONNEL HANDBOOK "SERVING WITH FOREST LAWN" AND FOREST LAWN'S "ARBITRATION AGREEMENT AND PROCEDURE." FOREST LAWN'S GRIEVANCE, PRE-DISCHARGE REVIEW AND TERMINATION APPEAL PROCEDURES ARE SUMMARIZED IN "SERVING WITH FOREST LAWN." THE ARBITRATION PROCEDURES ARE SUMMARIZED IN "SERVING WITH FOREST LAWN" AND SET FORTH IN FULL IN FOREST LAWN'S "ARBITRATION AGREEMENT AND PROCEDURE." I UNDERSTAND THAT A COPY OF "SERVING WITH FOREST LAWN" AND FOREST LAWN'S "ARBITRATION AGREEMENT AND PROCEDURE" ARE AVAILABLE FOR ME TO STUDY BEFORE I DECIDE WHETHER TO ACCEPT ANY JOB OFFER. I ALSO UNDERSTAND THAT AS A CONDITION TO ME ACTUALLY STARTING WORK, I WILL BE REQUIRED TO SIGN FOREST LAWN'S "RECEIPT OF HANDBOOK" AND FOREST LAWN'S "ARBITRATION AGREEMENT AND PROCEDURE." MY SIGNING WILL ESTABLISH THAT I WAS GIVEN A COPY OF AND I READ AND UNDERSTOOD "SERVING WITH FOREST LAWN" AND FOREST LAWN'S "ARBITRATION AGREEMENT AND PROCEDURE," OR THAT I HAD THE OPPORTUNITY TO READ THE DOCUMENTS AND VOLUNTARILY DECIDED NOT TO READ THEM. EITHER WAY, MY SIGNATURE WILL CONFIRM MY AGREEMENT TO BE BOUND BY ALL POLICIES, RULES AND PROCEDURES SET FORTH IN "SERVING WITH FOREST LAWN" AND FOREST LAWN'S "ARBITRATION AGREEMENT AND PROCEDURE."

Initials

I HEREBY AUTHORIZE FOREST LAWN TO THOROUGHLY INVESTIGATE MY REFERENCES, WORK RECORD, EDUCATION AND OTHER MATTERS RELATED TO MY SUITABILITY FOR EMPLOYMENT AND, FURTHER, AUTHORIZE THE REFERENCES I HAVE LISTED TO DISCLOSE TO FOREST LAWN ANY AND ALL LETTERS, REPORTS AND OTHER INFORMATION RELATED TO MY WORK RECORDS, WITHOUT GIVING ME PRIOR NOTICE OF SUCH DISCLOSURE, IN ADDITION, I HEREBY RELEASE FOREST LAWN, MY FORMER EMPLOYERS AND ALL OTHER PERSONS, CORPORATIONS, PARTNERSHIPS AND ASSOCIATIONS FROM ANY AND ALL CLAIMS, DEMANDS OR LIABILITIES ARISING OUT OF OR IN ANY WAY RELATED TO SUCH INVESTIGATION OR DISCLOSURE.

Initials

FOLLOWING A CONDITIONAL OFFER OF EMPLOYMENT ONLY, FOREST LAWN MAY CONDUCT A SEARCH OF PUBLIC RECORDS (INCLUDING RECORDS DOCUMENTING AN ARREST, INDICTMENT, CONVICTION, CIVIL JUDICIAL ACTION, TAX LIEN OR OUTSTANDING JUDGMENT). I AM ENTITLED TO COPIES OF ANY SUCH PUBLIC RECORDS OBTAINED BY FOREST LAWN UNLESS I MARK THE CHECK BOX BELOW. IF I AM NOT HIRED AS A RESULT OF SUCH INFORMATION, I AM ENTITLED TO A COPY OF ANY SUCH RECORDS EVEN THOUGH I HAVE CHECKED THE BOX BELOW.

I WAIVE RECEIPT OF A COPY OF ANY PUBLIC RECORD DESCRIBED IN THE PARAGRAPH ABOVE.

Initials

I UNDERSTAND THAT ANY JOB OFFER I MAY RECEIVE WILL BE CONTINGENT UPON COMPLYING WITH ALL OF FOREST LAWN'S REQUIREMENTS, INCLUDING, BUT NOT LIMITED TO, SIGNING ANY REQUESTED CONSENT FOR FOREST LAWN TO CONDUCT AN INVESTIGATION OR OBTAIN A REPORT ABOUT MY BACKGROUND AND MY SUCCESSFUL COMPLETION AND PASSING OF A BACKGROUND CHECK, DRUG TEST AND/OR PHYSICAL EXAM. I ALSO UNDERSTAND THAT FAILURE TO SATISFY THESE CONTINGENCIES WILL RESULT IN THE WITHDRAWAL OF ANY JOB OFFER. IN ADDITION, I HEREBY RELEASE FOREST LAWN AND ALL OTHER PERSONS, CORPORATIONS, PARTNERSHIPS AND ASSOCIATIONS FROM ANY AND ALL CLAIMS, DEMANDS OR LIABILITIES ARISING OUT OF OR IN ANY WAY RELATED TO SUCH BACKGROUND CHECK, DRUG TEST, AND/OR PHYSICAL EXAM.

I HAVE READ THE ABOVE STATEMENTS AND AGREE TO THE ABOVE TERMS AND CONDITIONS. I UNDERSTAND THAT BY TYPING MY NAME AND INITIALS ON THIS DOCUMENT WHERE INDICATED TO SIGN, I AM ELECTRONICALLY SIGNING MY APPLICATION:

APPLICANT SIGNATURE

DATE

NOTICE OF DRUG TESTING

Prior to beginning employment, all job applicants who receive a job offer will be required to voluntarily submit to a drug screening test conducted by a laboratory designated by Forest Lawn. The drug screening method is a hair collection test that will detect the use of illegal drugs within the past 90 days. A positive drug test may result in the withdrawal of the job offer.

APPLICANT QUESTIONNAIRE

Name: _____ Date: _____
(Please Print)

Please take a moment to answer the following questions:

1.) How did you hear about this position?

2.) Why are you interested in working at Forest Lawn Memorial-Parks & Mortuaries?

3.) What two things are most important to you in your job?

4.) Do you have any relatives, past or present, employed by Forest Lawn?

_____ No

_____ Yes, Please list names: _____
