

Corporate Office:
37 Brookline Drive
Aliso Viejo, CA 92656
949-425-5440

Houston Division:
11410 Brittmoore Park Drive
Houston, TX 77041
713/934-7174



APPLICATION FOR EMPLOYMENT

LCS, Inc. is an equal opportunity employer

PERSONAL INFORMATION

Name (Last, First, Middle):	Date:	
Social Security Number:		
Home Address:		
City:	State:	Zip:
Home Phone:	Business Phone:	
Can you prove your U.S. Citizenship? Circle one:	Yes	No
If not a U.S. Citizen, give Visa No. and Expiration Date:		

Position You Are Applying For

Title:	Salary Requirement:
Referred by:	Date You Can Start:

EDUCATION RECORD

High School (Name, City, State):	
Graduation Date:	
Business or Technical School (Name, City, State):	
Dates Attended:	Degree Earned:
Undergraduate College (Name, City, State):	
Dates Attended:	Degree, Major:
Graduate School (Name, City, State):	
Dates Attended:	Degree, Subject:

(please turn to next page)

WORK HISTORY (GIVE INFORMATION ABOUT YOUR LAST 3 JOBS, STARTING WITH THE MOST RECENT)

1-Employer

Dates Employed:

Address:

City:

State:

Zip:

Phone:

Ending Salary:

Title/Duties:

Manager's Name and Title:

Reason for Leaving:

2-Employer

Dates Employed:

Address:

City:

State:

Zip:

Phone:

Ending Salary:

Title/Duties:

Manager's Name and Title:

Reason for Leaving:

3-Employer

Dates Employed:

Address:

City:

State:

Zip:

Phone:

Ending Salary:

Title/Duties:

Manager's Name and Title:

Reason for Leaving:

(please turn to next page)

BUSINESS REFERENCES (IF APPLYING FOR YOUR FIRST JOB, YOU MAY USE ACADEMIC REFERENCES)

1-Name: _____

Work Phone: _____

Home Phone: _____

Address: _____

City: _____

State: _____

Zip: _____

Relationship to You: _____

2-Name: _____

Work Phone: _____

Home Phone: _____

Address: _____

City: _____

State: _____

Zip: _____

Relationship to You: _____

3-Name: _____

Work Phone: _____

Home Phone: _____

Address: _____

City: _____

State: _____

Zip: _____

Relationship to You: _____

PLEASE READ AND SIGN

Please provide LCS, Inc. with an emergency contact, their phone number and relation to you:

Name: _____

Phone Number: _____

Relationship: _____

Applicant certifies that all information provided is true and correct and that any falsification of data can lead to immediate discharge.

Signature: _____

Date: _____