



Lenbrook

LENBROOK APPLICATION PROCEDURES

REVISED 2-11-10

- **Completed applications can be submitted by one of the following:**
 - **Email: resumes@lenbrook-atlanta.com**
 - **Fax: (404) 264-3376**
 - **Mail: 3747 Peachtree Road NE, Atlanta, GA 30319**
 - **Hand delivered: any gatehouse between 9 a.m. - 4 p.m. on Monday - Friday.**

- **Each applicant must complete the application entirely; incomplete applications may result in exclusion.**
 - **Indicate the position for which you are applying (only one position per application).**
 - **Applications are only accepted for current recruiting positions.**

- **All qualified applicants will be considered.**

- **Due to the volume of resumes received, we cannot respond to all inquiries regarding the status of an application. If we have any questions, a representative will contact you directly.**



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3747 PEACHTREE ROAD, N.E.
ATLANTA, GEORGIA 30319
404-233-3000

APPLICATION FOR EMPLOYMENT

LAST REVISION: 2-10-10

ALL OFFERS OF EMPLOYMENT ARE CONTINGENT UPON THE SUCCESSFUL COMPLETION OF A DRUG TEST, BACKGROUND CHECK AND FINGERPRINTING.

POSITION APPLIED FOR (ONE POSITION PER APPLICATION): DATE:

NAME: SS NUMBER:

LAST FIRST MIDDLE

CURRENT ADDRESS: STREET CITY, STATE, ZIP

HOW LONG HAVE YOU LIVED AT YOUR CURRENT ADDRESS?

HOME PHONE: CELL: EMAIL:

DO YOU HAVE ANY RELATIVES CURRENTLY EMPLOYED BY LENBROOK?

- IF YES, PLEASE PROVIDE NAME(S):

HAVE YOU EVER WORKED AT LENBROOK BEFORE?

- IF YES, INDICATE DATE, DEPARTMENT AND SUPERVISOR?

HAVE YOU EVER APPLIED FOR EMPLOYMENT AT LENBROOK BEFORE NOW? IF YES, WHEN?

HOW DID YOU HEAR ABOUT US? ARE YOU OVER 18 YEARS OF AGE?

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S.? (DOCUMENTATION WILL BE REQUIRED.)

HAVE YOU EVER BEEN CONVICTED OF CRIME, EITHER A MISDEMEANOR OR FELONY?

- IF YES, PLEASE EXPLAIN, INCLUDING DATE, LOCATION AND DISPOSITION:

HAVE YOU EVER BEEN DISCHARGED FROM ANY EMPLOYMENT OR ASKED TO RESIGN?

- IF YES, PLEASE EXPLAIN:

ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING, WITH OR WITHOUT ACCOMMODATIONS?

IS THERE ANYTHING THAT WOULD PREVENT YOUR REGULAR ATTENDANCE AND PUNCTUALITY?

- IF YES, PLEASE EXPLAIN:

DATE AVAILABLE FOR WORK: WAGE EXPECTED:

ARE YOU CURRENTLY AVAILABLE TO WORK FULL TIME (32 HOURS PER WEEK)?

*PLEASE NOTE THAT WORK SCHEDULES ARE BASED UPON THE NEEDS OF THE BUSINESS AND MAY BE SUBJECT TO CHANGE ON A WEEKLY BASIS.

DO YOU WISH TO WORK ONLY PART TIME?

- IF YES, WHY ONLY PART TIME - STUDENT, ANOTHER JOB, ETC.?

WHAT HOURS AND DAYS ARE YOU AVAILABLE TO WORK?

WHAT HOURS AND DAYS ARE YOU NOT AVAILABLE TO WORK?



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EDUCATION

HIGH SCHOOL: _____
NAME CITY, STATE

LAST GRADE COMPLETED: _____

IF YOU DID NOT GRADUATE FROM HIGH SCHOOL, DO YOU HAVE A GED? _____

COLLEGE: _____
NAME CITY, STATE

DATES ATTENDED: _____ DEGREE: _____

GRADUATE SCHOOL: _____
NAME CITY, STATE

DATES ATTENDED: _____ DEGREE: _____

BUSINESS OR TRADE SCHOOL: _____
NAME CITY, STATE

DATES ATTENDED: _____ CERTIFICATION: _____

ADDITIONAL EXPERIENCE, QUALIFICATIONS, CERTIFICATIONS: _____

EMPLOYMENT HISTORY (PAST 10 YEARS)

YOU MAY INCLUDE MORE EMPLOYMENT HISTORY IF YOU FEEL IT IS RELEVANT TO THE POSITION FOR WHICH YOU ARE APPLYING. PLEASE BEGIN WITH YOUR MOST RECENT EMPLOYER. ATTACH ADDITIONAL PAGES IF NECESSARY.

NAME OF COMPANY: _____ **TYPE OF BUSINESS:** _____

ADDRESS: _____

SUPERVISOR: _____ **PHONE:** _____

YOUR POSITION: _____ **DATES OF EMPLOYMENT:** _____

JOB DUTIES: _____

STARTING SALARY: _____ **ENDING SALARY:** _____

REASON FOR LEAVING: _____

MAY WE CONTACT THIS EMPLOYER? _____



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NAME OF COMPANY: _____ **TYPE OF BUSINESS:** _____
ADDRESS: _____
SUPERVISOR: _____ **PHONE:** _____
YOUR POSITION: _____ **DATES OF EMPLOYMENT:** _____
JOB DUTIES: _____
STARTING SALARY: _____ **ENDING SALARY:** _____
REASON FOR LEAVING: _____
MAY WE CONTACT THIS EMPLOYER? _____

NAME OF COMPANY: _____ **TYPE OF BUSINESS:** _____
ADDRESS: _____
SUPERVISOR: _____ **PHONE:** _____
YOUR POSITION: _____ **DATES OF EMPLOYMENT:** _____
JOB DUTIES: _____
STARTING SALARY: _____ **ENDING SALARY:** _____
REASON FOR LEAVING: _____
MAY WE CONTACT THIS EMPLOYER? _____

NAME OF COMPANY: _____ **TYPE OF BUSINESS:** _____
ADDRESS: _____
SUPERVISOR: _____ **PHONE:** _____
YOUR POSITION: _____ **DATES OF EMPLOYMENT:** _____
JOB DUTIES: _____
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ADDRESS: _____
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YOUR POSITION: _____ **DATES OF EMPLOYMENT:** _____
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MAY WE CONTACT THIS EMPLOYER? _____



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STATEMENT OF UNDERSTANDING

I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE. I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACTS ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW IT IS DISCOVERED.

IT IS THE POLICY OF LENBROOK TO AFFORD EQUAL OPPORTUNITY TO ALL EMPLOYEES AND APPLICANTS FOR EMPLOYMENT WITHOUT REGARD TO AGE, RACE, RELIGION, COLOR, SEX, NATIONAL ORIGIN, MARITAL STATUS, EXPUNGED JUVENILE RECORDS, OR PREGNANCY, AND TO AFFORD EQUAL OPPORTUNITIES TO DISABLED VETERANS, VETERANS OF THE VIETNAM ERA, AND INDIVIDUALS WITH A DISABILITY, AND ANY AND ALL OTHER CHARACTERISTIC PROTECTED BY FEDERAL, STATE OR LOCAL LAW.

I AUTHORIZE THE INVESTIGATION OF ALL STATEMENTS AND INFORMATION CONTAINED IN THIS APPLICATION. I RELEASE FROM ALL LIABILITY ANYONE SUPPLYING SUCH INFORMATION AND I ALSO RELEASE THE EMPLOYER FROM ALL LIABILITY THAT MIGHT RESULT FROM MAKING AN INVESTIGATION.

IF HIRED, I AGREE TO ABIDE BY ALL LENBROOK’S RULES AND REGULATIONS AND UNDERSTAND THAT, IF EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT THE OPTION OF LENBROOK OR ME. I FURTHER UNDERSTAND THAT NO REPRESENTATION, WHETHER ORAL OR WRITTEN BY ANY REPRESENTATIVE OR AGENT OF LENBROOK AT ANY TIME CAN CONSTITUTE A CONTRACT OF EMPLOYMENT. I UNDERSTAND THAT LENBROOK AND ALL PLAN ADMINISTRATORS SHALL HAVE THE MAXIMUM DISCRETION PERMITTED BY LAW TO ADMINISTER, INTERPRET, MODIFY, DISCONTINUE, ENHANCE OR OTHERWISE CHANGE ALL POLICIES, PROCEDURES, BENEFITS OR OTHER TERMS OR CONDITIONS OF EMPLOYMENT. NO REPRESENTATIVE OR AGENT OF LENBROOK, HAS THE AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME OR TO MAKE ANY CHANGE IN POLICY, PROCEDURE, BENEFIT OR OTHER TERMS OR CONDITIONS OF EMPLOYMENT OTHER THAN IN A DOCUMENT SIGNED BY LENBROOK’S PRESIDENT AND CEO, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE ABOVE STATEMENTS AND HEREBY GRANT PERMISSION TO CONFIRM THE INFORMATION SUPPLIED ON THIS APPLICATION BY ME.

THIS APPLICATION WILL BE GIVEN EVERY CONSIDERATION, BUT ITS RECEIPT DOES NOT IMPLY THAT THE APPLICANT WILL BE EMPLOYED.

APPLICANT’S PRINTED NAME: _____

APPLICANT’S SIGNATURE: _____

DATE: _____



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AUTHORIZATION FOR BACKGROUND CHECK, DRUG TEST, AND FINGERPRINTING

I VOLUNTARILY GIVE LENBROOK OR ITS AUTHORIZED AGENT THE RIGHT TO CONDUCT AN INVESTIGATION OF MY BACKGROUND INCLUDING MY PRESENT AND FORMER EMPLOYMENT AND MY EDUCATIONAL BACKGROUND. I AGREE TO BE FINGERPRINTED AS A PART OF THE BACKGROUND CHECK.

I HEREBY AUTHORIZE THOSE PERSONS OR INSTITUTIONS CONTACTED BY LENBROOK OR ITS AGENTS TO PROVIDE INFORMATION REQUESTED, INCLUDING MY WORK PERFORMANCE, REASONS FOR TERMINATION OF MY EMPLOYMENT, AND OTHER INFORMATION PERTINENT TO MY QUALIFICATIONS FOR EMPLOYMENT.

I UNDERSTAND THAT ANY OFFER OF EMPLOYMENT IS CONTINGENT UPON THE SUCCESSFUL COMPLETION OF LENBROOK'S TOTAL PRE-EMPLOYMENT SCREENING PROCESS, INCLUDING FINGERPRINTING AND A DRUG TEST.

APPLICANT'S PRINTED NAME: _____

APPLICANT'S SIGNATURE: _____

DATE: _____