

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT FOR YOU SIGNATURE



For Office Use Only:

## APPLICATION FOR EMPLOYMENT

COMPLETE ALL INFORMATION

DATE \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOW LONG AT PRESENT ADDRESS? \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

PHONE(S): PRIMARY \_\_\_\_\_

SECONDARY \_\_\_\_\_

PLEASE LIST AGE IF UNDER 18: \_\_\_\_\_  
TRADE OR PROFESSION YOU ARE SEEKING:

1. \_\_\_\_\_
2. \_\_\_\_\_

DAYS/HOURS AVAILABLE  
 ANY: \_\_\_\_\_ THUR: \_\_\_\_\_  
 MON: \_\_\_\_\_ FRI: \_\_\_\_\_  
 TUE: \_\_\_\_\_ SAT: \_\_\_\_\_  
 WED: \_\_\_\_\_ SUN: \_\_\_\_\_

HOW MANY HOURS CAN YOU WORK WEEKLY? \_\_\_\_\_ ARE YOU AVAILABLE NIGHTS? \_\_\_\_\_

EMPLOYMENT DESIRED: \_\_\_\_\_ FULLTIME ONLY \_\_\_\_\_ PART-TIME ONLY \_\_\_\_\_ FULL OR PART-TIME

DATE AVAILABLE FOR WORK: \_\_\_\_\_

### EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	NUMBER OF YEARS COMPLETED	MAJOR/DEGREE
HIGHSCHOOL				
COLLEGE				
BUSINESS/TRADE				
PROFESSIONAL				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? \_\_\_\_\_ YES \_\_\_\_\_ NO

EXPLAIN IN DETAIL ALL CONVICTIONS AND SENTENCING \_\_\_\_\_  
 \_\_\_\_\_

### TRANSPORTATION:

DO YOU HAVE A DRIVERS LICENSE? \_\_\_\_\_ YES \_\_\_\_\_ NO

WHAT ARE YOUR MEANS OF TRANSPORTATION TO WORK? \_\_\_\_\_

DL NUMBER \_\_\_\_\_ STATE OF ISSUE \_\_\_\_\_ OPERATOR \_\_\_\_\_ CDL \_\_\_\_\_

HAVE YOU HAD ANY ACCIDENTS OR MOVING VIOLATIONS IN THE PAST THREE YEARS? \_\_\_\_\_ YES \_\_\_\_\_ NO

PLEASE EXPLAIN \_\_\_\_\_

## Employment History

List all employers, starting with the most recent position. All information must be completed. You may attach a resume, but not in place of completing the required information.

**Most Recent Employer** Is this your current employer?  NO  YES May we contact this employer for references?  NO  YES

Employed From      Employed To      Job Title      Starting Salary      Ending Salary

Employer Name      Employer Address      Supervisor's Name      Supervisor's Phone

Job Duties and Responsibilities

Reason for Leaving

### Next Most Recent Employer

Employed From      Employed To      Job Title      Starting Salary      Ending Salary

Employer Name      Employer Address      Supervisor's Name      Supervisor's Phone

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**LIST OTHER SKILLS AND/OR EQUIPMENT (EXAMPLE: HARD HAT, STEEL TOE BOOTS ETC.)**

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**REFERENCES**

PLEASE LIST TWO REFERENCES OTHER THAN RELATIVES OR PREVIOUS EMPLOYER:

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

POSITION: \_\_\_\_\_

POSITION: \_\_\_\_\_

COMPANY: \_\_\_\_\_

COMPANY: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

**MILITARY EXPERIENCE**

HAVE YOU EVER BEEN IN THE ARMED FORCES?     YES     NO

ARE YOU CURRENTLY A MEMBER IN THE NATIONAL GUARD?     YES     NO

BRANCH: \_\_\_\_\_ SPECIALTY \_\_\_\_\_

DATE ENTERED \_\_\_\_\_ DATE DISCHARGED \_\_\_\_\_

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PLEASE READ CAREFULLY

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APPLICATION FORM WAIVER

In exchange for the consideration of my job application by LEI (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of LEI, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President/General Manager of the Company. Both the undersigned and LEI may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction of benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without previous notice. I authorize all corporations, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county and federal courts, military services and persons to release information they may have about me to the person or company with which this form has been submitted. This releases the aforesaid parties from any liability and responsibility for collecting the above information.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of a job related physical examination.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency and investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

This company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

