



Application for Employment

APPLICANT TO COMPLETE ALL INFORMATION REQUESTED

PLEASE PRINT

PERSONAL

Full Name: _____ Date: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Years at Current Address: _____

E-mail address: _____

Home #: _____ Mobile #: _____

Position(s) desired? _____

Have you seen a copy of the Job Description for the position desired? YES [] NO [] If no, request a copy from the Human Resource department.

When would you be available to begin work? _____

Are you legally eligible to be employed in the United States? YES NO (Proof required)

Are you over the age of 18 years? YES NO (If no, you may be required to provide authorization to work.)

COMPANY EXPERIENCE

Have you ever worked for LEPCO in the past? YES NO If yes, Date(s): _____

Position: _____ Reason for Leaving: _____

Do you have any relatives or friends who work for the LEPCO? YES NO If yes, who? _____

AVAILABILITY

Are you available to work: DAYS NIGHTS WEEKENDS FULL TIME If you cannot work full time, please explain below.



Days and Hours Available: (If employed, notification must be provided in writing should availability change.)

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From:							
To:							

Do you belong to any professional, trade, business or civic organizations that deal with the **position** for which you are applying? YES NO If yes, please explain and list offices held: (Omit any organization which reflects your race, color, religion, age, sex, sexual orientation, marital status or disabilities.)

EDUCATION

	Name and Location of School	Course of Study	No. of Years Completed	Diploma or Degree Received
High School				
College				
Vocational or Trade School				
Graduate Work				

Have you completed any special courses, seminars and/or training directly related to the position for which you are applying? YES NO If yes, please describe:

List academic honors, extracurricular activities, offices held, etc. in high school or college: (Omit any organization which reflects your race, color, religion, age, sex, sexual orientation, marital status or disabilities.)

Have you ever done any volunteer work? YES NO If yes, describe: (Omit any volunteer work which reflects your race, color, religion, age, sex, sexual orientation, marital status or disabilities)

Are you currently on layoff and subject to recall by another employer? YES [] NO []

Have you ever been convicted of or pled guilty or no contest to any felony or misdemeanor? YES [] NO [] (If yes, list all crimes and conviction/plea dates) _____

Note: Prior convictions do not necessarily preclude employment.



EMPLOYMENT (Start with your current or most recent position. If you require additional space, you may use a separate sheet of paper.)

Name of Employer	May we contact your current employer? YES <input type="checkbox"/> NO <input type="checkbox"/> Telephone Number () E-mail:
Full Address (Including Street, City, State & Zip)	Supervisor's Name and Title
Dates Employed <u>From: Month/Day/Year</u> <u>To: Month/Day/Year</u>	Rate of Pay Beginning <u>Beginning</u> <u>Final</u>
Describe the Work Performed	
Reason for Leaving:	
Name of Employer	May we contact this prior employer? YES <input type="checkbox"/> NO <input type="checkbox"/> Telephone Number () E-mail:
Full Address (Including Street, City, State & Zip)	Supervisor's Name and Title
Dates Employed <u>From: Month/Day/Year</u> <u>To: Month/Day/Year</u>	Rate of Pay Beginning <u>Beginning</u> <u>Final</u>
Describe the Work Performed	
Reason for Leaving:	
Name of Employer	May we contact this prior employer? YES <input type="checkbox"/> NO <input type="checkbox"/> Telephone Number () E-mail:
Full Address (Including Street, City, State & Zip)	Supervisor's Name and Title
Dates Employed <u>From: Month/Day/Year</u> <u>To: Month/Day/Year</u>	Rate of Pay Beginning <u>Beginning</u> <u>Final</u>
Describe the Work Performed	
Reason for Leaving:	



REFERENCES (Provide three (3) references you are not related to, whom you have known at least one year.)

Name	Occupation: Description of Relationship:
Full Address (Including Street, City, State & Zip)	Telephone Number () E-mail:
Name	Occupation: Description of Relationship:
Full Address (Including Street, City, State & Zip)	Telephone Number () E-mail:
Name	Occupation: Description of Relationship:
Full Address (Including Street, City, State & Zip)	Telephone Number () E-mail:

We are an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, sexual orientation, protected veteran status, or any other characteristic protected by law.

IMPORTANT – Please read and sign

I understand that failure to reveal any prior employer, or giving false, incomplete or misleading information by me on any part of this Application for Employment can result in disqualification for employment consideration or, if hired, may be grounds for termination from the company or its' subsidiaries. I understand that if I am offered employment, the offer shall be conditioned upon my satisfactorily completing additional pre-employment screening requirements that may apply. I understand that if I am hired, my employment is for no definite time and may be terminated at any time without prior notice. I understand that this application shall be considered active by the Company for a period of 45 days, after which time I must reapply for any subsequent positions.

Your signature below also indicates that you have seen the job description for the position you are applying and can perform the essential job functions of the position.

Applicant Sign: _____ Date: _____