APPLICATION FOR EMPLOYMENT - Lampson International, LLC

An Equal Opportunity Employer

(Application will remain active for 30 days)

Position Applied For:	Referral Source:							
Name:				E-Mail Address:				
Last			M.I.			Phone:	()	
Street		City	Stat	е	Zip			
Are you at least 18 years	s of age?	☐ Yes ☐ No						
Are you a U.S. Citizen or legally authorized to work in the U.S.?		☐ Yes ☐ No	If applying for a job that requires one, do you have a valid driver's license? ☐ Yes ☐ No					
Date you are able to start work:								
May we contact your current employer?		☐ Yes ☐ No	Have you previously applied with us? ☐ Yes ☐ No When					
Are you on layoff status or subject to recall elsewhere?		☐ Yes ☐ No	Have you previously worked with us? ☐ Yes ☐ No					
Pay Expected: \$	per _		When					
If hired, how long do you plan to continue working for the company?			Are any of your records under a different name? ☐ Yes ☐ No If so, what name					
•	□Temporary able to work? □ Evenings	□ Part-time □ On call □ Nights □ Holidays	Is there any reason you might be unable to meet our attendance requirements? ☐ Yes ☐ No If yes, please explain					
EDUCATION/ TRAINING	Name and	d Location of Scl	hool	Did You Graduate?		Subj	ects Studied	
High School								
College								
Other Training (particularly that led to license or certification)								
Are you taking or do you plan to take any additional education? If so, what?								
SKILLS / ABILITIES: List any machines you ar List any skills or abilities							_	

JOB REQUIREMENTS									
Will you be able to perform the essential functions of the job, with or without reasonable accommodation? ☐ Yes ☐ No									
PLEASE LIST WORK EXPERIENCE, INCLUDING MILITARY AND VOLUNTEER EXPERIENCE									
Pro	esent or Last Emplo	yer:							
Α	ddress:			Phone: ()					
S	tart Date:	Leaving Date:	Supervisor:	Rate of Pay \$					
Jo	ob Title & Duties:								
V	/hy Did You Leave?								
Pro	evious Employer:								
Α	ddress:			Phone: ()					
S	tart Date:	Leaving Date:	Supervisor:	Rate of Pay \$					
Jo	ob Title & Duties:								
W	hy Did You Leave?								
Pro	evious Employer:								
A	ddress:			Phone: ()					
S	tart Date:	Leaving Date:	Supervisor:	Rate of Pay \$					
Jo	ob Title & Duties:		·						
V	/hy Did You Leave?								
PERSONAL REFERENCE									
Na	me:			Phone: ()					
Ad	dress:								
Occupation:			How Long Known:						
PLEASE READ EACH OF THE FOLLOWING ITEMS BEFORE SIGNING THIS APPLICATION									
1.	 As a final step in the hiring process, an applicant may be subject to an employment entrance exam that may include screening for illegal drugs. Applicants who confirm positive on drug screening will not be considered for employment. If a job offer is made, it may be made contingent upon the successful passing of a physical. 								
2.	I CERTIFY that the facts contained in this application are true and complete, and understand that if employed, false, misleading or incomplete statements on this application shall be grounds for immediate dismissal.								
3.	I AUTHORIZE the company to investigate and verify any information contained in my application or pre-hire interviews, including my previous employment, education and background. I further release all parties from all liability for any damage that may result from furnishing or receiving such information.								
4.	I UNDERSTAND and agree that my employment and compensation may be terminated at any time without prior notice, with or without reason, at the option of the company or myself, and understand that no representative of the company, other than the President, has authority to enter into any agreement contrary to the foregoing.								
5.	. I UNDERSTAND that all company property must be returned and any indebtedness to the company must be paid on or before my last day of work. I authorize the company to deduct from my final paycheck an amount necessary to satisfy any unpaid obligation.								
Da	te:	Signature of Applic	ant:						