

THE LORELTON APPLICATION FOR EMPLOYMENT

(Please print clearly)

CONFIDENTIAL

PERSONAL INFORMATION

Name _____ SS# _____
Last First Middle

Address _____ Phone (____) _____
Street City State Zip

Permanent Address _____ Phone (____) _____
 If Different From Above
Street City State Zip

If your employment, education, military service or references are under a name other than above, please indicate below:

Last First Middle

Are you related to anyone in our employ? Yes No If yes, who and how? _____

EMPLOYMENT DESIRED

Primary Position Desired _____ Date Available _____

Salary Desired \$ _____ Per Hour or Year Will you accept another position? Yes No

If so, what? _____

Will you accept employment of: Full Time? Part Time? Temporary? Seasonal? (Check all that apply)

Are you available to work: Days? Evenings? Weekends? Holidays? Rotating Shifts?

Are you 18 years of age or older? Yes No If no, can you furnish a work permit? Yes No

How did you learn of this opening? _____

EDUCATION

Circle Highest Grade Completed: 8 9 10 11 12 13 14 15 16

	Name of School	Location (City, State)	Courses of Study	Completed	Type of Degree or Certificate Received
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Vocational or Business				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Were you in the Armed Forces? Yes No If yes, what branch? _____

Dates of Duty: From _____ To _____ Rank at Discharge _____

EMPLOYMENT RECORD

Present and Former Employers (Begin with the most recent)	Dates Employed	Salary Range	Position and Duties
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone(_____) _____ Reason For Leaving _____	From _____ To _____	Starting _____ Ending _____	_____ _____ _____ _____ _____
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone(_____) _____ Reason For Leaving _____	From _____ To _____	Starting _____ Ending _____	_____ _____ _____ _____ _____
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone(_____) _____ Reason For Leaving _____	From _____ To _____	Starting _____ Ending _____	_____ _____ _____ _____ _____

May we contact your present employer? Yes No

PROFESSIONAL LICENSES AND/OR CERTIFICATIONS

Type	Organization or State Issued	Date Issued	Number	Verified
Type	Organization or State Issued	Date Issued	Number	Verified

Other special training or skills (languages, machine operation, etc. _____

SHIFT AVAILABILITY

PLEASE INDICATE THE HOURS AND DAYS YOU ARE AVAILABLE TO WORK:

Day	From	To
Sunday	_____ A.M.	_____ A.M.
	_____ P.M.	_____ P.M.
Monday	_____ A.M.	_____ A.M.
	_____ P.M.	_____ P.M.
Tuesday	_____ A.M.	_____ A.M.
	_____ P.M.	_____ P.M.
Wednesday	_____ A.M.	_____ A.M.
	_____ P.M.	_____ P.M.
Thursday	_____ A.M.	_____ A.M.
	_____ P.M.	_____ P.M.
Friday	_____ A.M.	_____ A.M.
	_____ P.M.	_____ P.M.
Saturday	_____ A.M.	_____ A.M.
	_____ P.M.	_____ P.M.

IF YOUR AVAILABILITY CHANGES, IT IS YOUR RESPONSIBILITY TO NOTIFY YOUR SUPERVISOR IMMEDIATELY

REFERENCES

List three current or former supervisors that are familiar with your work.

Name	Address	Phone	From which company?	Years known

IN CASE OF EMERGENCY, NOTIFY:

Name	Address	City	State	Zip
()				
Telephone	Relationship			

EMPLOYMENT UNDERSTANDING (please read and sign)

This institution does not discriminate in hiring or any other decision on the basis of race, color, sex, citizenship, national origin, ancestry, Vietnam era veteran status, or on the basis of age or physical or mental disability unrelated to ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination.

I voluntarily give this institution the right to make a thorough investigation of my past employment and activities, and agree to cooperate in any such investigation. I release from liability or responsibility all persons, companies, or corporations supplying such information. I consent to a Substance Abuse Screening, and understand that an offer of employment is contingent upon the results of the screening. I also consent to a Two-Step Mantoux Test (a test for the presence of Tuberculosis). I understand that all tests are provided free of charge to me, and are required prior to beginning employment.

I understand that my employment is at will, and that either party is free to terminate the employment relationship at any time without cause. I also understand that my employment may be terminated for any misstatement or omission of fact appearing on this application form.

If employed, I will be required to complete an Employment Verification Form (I-9), and within three days show satisfactory evidence of identity and eligibility for employment.

Applicant Signature

Date