



Lavelle Industries, Inc.

Application for Employment

We are an equal opportunity employer. All qualified applicants will receive consideration without regard to race, color, religion, gender, national origin, age, disability, veteran status, or any other status protected by law. **Please complete the entire application.**

Applicant Information:

Last Name:	First Name:	Middle Name:	Date Applied:
Address:	City:	State:	Zip Code:
Position applying for:			Phone Number:
			Alternate Number:

Shift Preference? Check all that apply. 1st 2nd 3rd Full time Part time Temporary

Date available: _____ Have you worked for Lavelle Industries, Inc. in the past? ____ If so, when? _____

Are there any other names under which you have worked or attended school? _____

Are you related to or do you know anyone who works for Lavelle Industries, Inc.? _____

Are you legally eligible for work in the United States? Yes No Are you over the age of 18 years? Yes No

What source led you to apply with us? _____

Education:

	Name & Location of School	Course of Study/Major	# of Years Completed	Degree/Diploma Certificate
Elementary/Middle				
High School				
College/University				
Graduate School				
Vocational School				

List any other training or skills that would qualify you for this position:

List any equipment that relates to this position that you can operate: _____

Military Experience? Yes No Rank: _____ Type of Discharge: _____

Have you ever been convicted of a crime? (A conviction will not necessarily disqualify you from employment.)

Yes No Of what were you convicted? _____ When: _____

What State? _____

Employment History: Please List Most Recent Employment First

Employer:	Job Title:	Date Started: mo. ___ yr. ___	Date Left: mo. ___ yr. ___
Address:		Supervisor Name:	
Phone Number:	Hourly Rate/Salary:	Reason for Leaving:	
Work Performed:			

Employer:	Job Title:	Date Started: mo. ___ yr. ___	Date Left: mo. ___ yr. ___
Address:		Supervisor Name:	
Phone Number:	Hourly Rate/Salary:	Reason for Leaving:	
Work Performed:			

Employer:	Job Title:	Date Started: mo. ___ yr. ___	Date Left: mo. ___ yr. ___
Address:		Supervisor Name:	
Phone Number:	Hourly Rate/Salary:	Reason for Leaving:	
Work Performed:			

May we contact any of the above employers for a reference? Yes No; If no, indicate which ones may we not contact?

Employment References- Professional References Only Please No Family or Friends

Name of Reference	Title of Reference\ How known	Known how long?	Daytime phone number

Authorization and Release - Please read carefully before signing this form.

1. All information contained in this application plus any attached resume, references, etc. which are now part of this application is true and correct to the best of my knowledge and belief. I understand that misrepresentations or omissions of any kind may result in denial of employment or be a cause for subsequent dismissal if I am hired.
2. I authorize the company to investigate my responses on this application and attachments and contact any or all of my former employers or any individuals familiar with me or my employment background for the purpose of verifying any information I have provided and/or for the purpose of obtaining any information, whether favorable or unfavorable, about me or my employment. I voluntarily and knowingly fully release and hold harmless any person or organization that provides information pertaining to me or my employment.
3. I understand that upon receiving a job offer, a physical examination and drug screening may be required. (Note: If this is a job requirement, you will be notified.)
4. Regardless of whether or not I become employed by the company, I recognize that this application is not and should not be considered a contract of employment. I understand that employment at the company is on an at-will basis and that my employment may be terminated with or without cause, and without notice, at any time, at my option or the company's, unless specifically provided otherwise in a written employment contract. I further understand that no company employee or representative has the authority to enter into a contract regarding duration or terms and conditions of employment other than officer or official of the company, and then only by means of a signed, written document.

Signature: _____ **Date:** _____