

LAKESHORE DISPLAY MFG, CO., INC..

APPLICATION FOR EMPLOYMENT

Lakeshore Display Mfg, CO., Inc. is an equal opportunity employer. All applications will receive consideration without discrimination because of race, color, religion, sex, sexual orientation, age, national origin, disability or veteran status.

PERSONAL

Last Name	First	Middle	Date of Application
Street Address			Home Phone
City, State, Zip			Business Phone
Have you ever applied for employment with us in the past? Yes or No (If yes: Month and Year)			Social Security No.
Have you ever been employed with us before? Yes or No (if yes: Month and Year)			Will you work overtime if asked? Yes or No
Apart from absence for religious observance, are you available for full-time work? Yes or No (If not, what hours can you work.)			
Are you legally eligible for employment in the United States? Yes or No (If ye, verification will be required.)			Are you at the legal age to work? Yes or No
Do you have any relatives or friends in our Employ? Yes or No Name: Relationship:			When will you be available to begin work?
How did you hear about the potential for employment at Lakeshore Display Mfg. Co., Inc.?			Pay desired?
Have you served an apprenticeship? Yes or No If yes, how long? _____ In what trade? _____ Where Served? _____ When? _____			

EDUCATION

School	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate?	Degree or Diploma
Graduate				Yes or No	
College				Yes or No	
Business/Trade/ Technical				Yes or No	
High School				Yes or No	
Elementary				Yes or No.	

LIST BELOW ALL PREVIOUS EMPLOYERS STARTING WITH YOUR MOST RECENT EMPLOYMENT. IF YOU ARE NOW WORKING, LIST YOUR PRESENT EMPLOYER AND REASON FOR DESIRE TO QUIT. ALSO GIVE EXPLANATION FOR ANY LAPSE OF TIME DURING WHICH YOU WERE NOT EMPLOYED.

EMPLOYMENT HISTORY

1st	Company Name	Telephone No.
	Address	Employed – (State Month & Year) From: To:
	Name of Supervisor	Wages Per Hour:
	State Job and Describe your work:	Reason for leaving
2nd	Company Name	Telephone No.
	Address	Employed – (State Month & Year) From: To:
	Name of Supervisor	Wages Per Hour:
	State Job and Describe your work:	Reason for leaving
3rd	Company Name	Telephone No.
	Address	Employed – (State Month & Year) From: To:
	Name of Supervisor	Wages Per Hour:
	State Job and Describe your work:	Reason for leaving
4th	Company Name	Telephone No.
	Address	Employed – (State Month & Year) From: To:
	Name of Supervisor	Wages Per Hour:
	State Job and Describe your work:	Reason for leaving
5th	Company Name	Telephone No.
	Address	Employed – (State Month & Year) From: To:
	Name of Supervisor	Wages Per Hour:
	State Job and Describe your work:	Reason for leaving

I hereby give my permission to contact the employers listed on the previous page concerning my prior work experience. _____

Applicant's Signature

If there are particular employer(s) you do not wish us to contact, please indicate which one(s), (I.e. 1st, 2nd, ect): _____

(FIRST)	IN CASE OF ACCIDENT NOTIFY	(SECOND)
Name:		Name:
Address:		Address:
Telephone No:		Telephone No:
Relationship:		Relationship:

LIST MECHANICAL OR TECHNICAL EXPERIENCE

MILITARY Did you serve in the United States Armed forces? Yes or No
If yes, what branch:

DESCRIBE ANY TRAINING RECEIVED RELEVANT TO THE POSITION FOR WHICH YOU ARE APPLYING.

HAVE YOU EVER BEEN CONVICTED OF A FELONIOUS CRIME OR ANY CRIME INVOLVING DISHONESTY WITHIN THE PAST TEN YEARS? YES or NO IF YES, DESCRIBE IN FULL.

SIGNATURE

The information provided in this application for Employment is true, correct and complete. If employed, any misstatement or omission of fact on this application will result in my immediate dismissal.

I understand that acceptance of an offer of employment does not create a contractual obligation upon Lakeshore Display Manufacturing, Company., Inc. to continue to employ me in the future. If accepted, my employment will be on an at-will basis. No employee of Lakeshore Display Manufacturing, Company., Inc. has the authority to alter the at-will employment status of any other employee or to enter into an employment contract.

If Lakeshore Display Manufacturing, Company., Inc. decides to engage in investigative consumer reporting agency to report on my credit and personal history, I authorize you to do so. If a report is obtained you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.

DATE

SIGNATURE OF APPLICANT

----- DO NOT WRITE BELOW THIS LINE -----
FOR EMPLOYER USE ONLY

INTERVIEW: YES or NO

DATE: _____ TIME: _____

INTERVIEW NOTES:

REFERENCE CHECK RESULTS:

ACCEPTABLE: YES or NO

STARTING RATE: _____ STARTING DATE: _____ SHIFT: _____

INTERVIEWED BY: _____

APPROVED BY: _____