

EMPLOYMENT APPLICATION

PERSONAL INFORMATION

Date: ____/____/____
 Social Security #: ____-____-____

Name: _____ (Last) _____ (First) _____ (MI)

Phone: (____) _____ - _____

Present Street Address: _____

City: _____ State: _____ Zip Code: _____ Length of time at above address: _____

Position applied for: _____ Expected starting wage: _____

Do you want to work: ____ Full time ____ Part time Specific days and hours preferred: _____

Are there specific times that you cannot work? ____ Yes ____ No. If yes, describe: _____

Have you worked for us before? ____ Yes ____ No. If yes, where? _____ When? _____

What position? _____ Who was your supervisor? _____

How did you learn of this position? _____ Date you are available to start working: _____

Are you at least 18 years of age? ____ Yes ____ No.

Are you a United States Citizen or authorized to work in the U.S.? ____ Yes ____ No.

If not, can you submit a work permit? ____ Yes ____ No.

If hired, according to the Immigration Reform and Control Act of 1986, you will be required to submit proof of citizenship or work authorization.

Have you ever been convicted of a crime? ____ Yes ____ No. If so, when, where and what was the disposition of the case?

(The existence of a criminal record does not create an automatic barrier to employment)

Are you able to perform the essential requirements of the job? ____ Yes ____ No. If no, are there reasonable accommodations that can be made to allow you to perform the essential functions of the job? ____ Yes ____ No. If yes, please specify: _____

EDUCATION AND TRAINING

Name and Location of School	Circle Last Year Completed	Did you graduate?	Degree Received	Major Subjects Studied
<i>High School</i>				<i>(Please circle)</i>
Name: _____ Address: _____	9 th 10 th 11 th 12 th	____ Yes ____ No		General Commercial College Prep Other
<i>College</i>				
Name: _____ Address: _____	1 2 3 4	____ Yes ____ No		Major: _____ Minor: _____

List specific job skills and machines or equipment you can operate: _____

REFERENCES *(No Family Members)*

Name and Occupation	Address	Phone Number

APPLICATION CONTINUED ON OTHER SIDE

EMPLOYMENT APPLICATION

Dates	Company	Pay	Job Title	Job Duties	Supervisor Information	Why you left
Start: _____ _____	Name: _____ Address: _____ _____	Start: _____ _____	_____	_____	Name: _____ Title: _____ Phone: (____) ____-____	_____
End: _____ _____	City: _____ State: ____ Zip Code: ____ Phone: (____) ____-____	End: _____ _____	_____	_____	_____	_____
Start: _____ _____	Name: _____ Address: _____ _____	Start: _____ _____	_____	_____	Name: _____ Title: _____ Phone: (____) ____-____	_____
End: _____ _____	City: _____ State: ____ Zip Code: ____ Phone: (____) ____-____	End: _____ _____	_____	_____	_____	_____
Start: _____ _____	Name: _____ Address: _____ _____	Start: _____ _____	_____	_____	Name: _____ Title: _____ Phone: (____) ____-____	_____
End: _____ _____	City: _____ State: ____ Zip Code: ____ Phone: (____) ____-____	End: _____ _____	_____	_____	_____	_____

May we contact the employers listed above? _____ Yes _____ No. If not, indicate on the following line which employer(s) you do not wish for us to contact: _____

To assist in finding the proper position for you, use the space below to summarize any additional information you feel is necessary to describe your full qualifications: _____

PLEASE READ CAREFULLY BEFORE SIGNING

- I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.
- I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by the Lindgren Companies, that such employment with the Lindgren Companies is at will, for no specified duration and may be terminated by either the Lindgren Companies or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of the Lindgren Companies or its representatives used during the employment process is deemed a contract of employment real or implied. I understand that no representative of the Lindgren Companies except the President has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the President of the Lindgren Companies.
- In consideration for employment with the Lindgren Companies, if employed, I agree to conform to the rules, regulations, policies and procedures of the Lindgren Companies at all times and understand that such obedience is a condition of employment. I understand that due to the nature of the Lindgren Companies business, attendance and punctuality are considered essential requirements of every job at the Lindgren Companies and that poor attendance or tardiness will result in disciplinary action.
- I understand that if offered a position with the Lindgren Companies, I may be required to submit to a pre-employment medical examination, drug screening and background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.
- I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to the Lindgren Companies and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.
- **I understand that this application is considered current for three months. If I wish to be considered for employment after this period I must fill out and submit a new application.**
- **BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS:**

Signature

Date

Name and phone number of person completing this form if other than applicant: _____

THE LINDGREN COMPANIES IS PROUD TO BE 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.