



## Application for Employment

### General Information

Position you are applying for: **Assembler** Date: 2011-05-24

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Email: \_\_\_\_\_ SS#: - - D.O.B. (YYYY-MM-DD) \_\_\_\_\_

Address: \_\_\_\_\_ Suite/Apt#: \_\_\_\_\_

City: \_\_\_\_\_ State: -- Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Check this box if the above address is also your Mailing Address.

Mailing Address: \_\_\_\_\_ Suite/Apt#: \_\_\_\_\_

City: \_\_\_\_\_ State: -- Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Home#: ( ) - - Work#: ( ) - - Other#: ( ) - -

Can we contact you at work? Yes No When can you Start? \_\_\_\_\_ Desired Status: Full Time Part Time Temporary

What is your desired hourly pay? \$ \_\_\_\_\_ Have you ever worked for Laco, Inc. before? Yes No

If yes, what was the reason for leaving? \_\_\_\_\_

Have you ever applied at Laco, Inc. before? Yes No If yes, when? \_\_\_\_\_

How did you hear about us, or who were you referred by? \_\_\_\_\_

### Education

*High School (High School is the minimum level of education required in order to obtain any position with Laco, Inc.)*

High School Name: \_\_\_\_\_

City: \_\_\_\_\_ State: -- Country: \_\_\_\_\_

Completed High School in Year (or Last Year Attended): -- Total Years Completed: -- Did you graduate? Yes No

*University/College*

University/College Name: \_\_\_\_\_

City: \_\_\_\_\_ State: -- Country: \_\_\_\_\_

Major: \_\_\_\_\_ Degree: \_\_\_\_\_

How many years did you complete? -- Did you graduate? Yes No What year did you graduate in (or last year attended): --

*Trade, Business or Correspondence (Other)*

Trade, Business or Correspondence School Name: \_\_\_\_\_

City: \_\_\_\_\_ State: -- Country: \_\_\_\_\_

Major: \_\_\_\_\_ Degree: \_\_\_\_\_

How many years did you complete? -- Did you graduate? Yes No What year did you graduate in (or last year attended): --

Please list any special skills or qualifications you have: \_\_\_\_\_

### Employment History *(Start with most recent employment)*

*Current or Most Recent Employer:*

Employer Name: \_\_\_\_\_ City: \_\_\_\_\_ State: --

Employed From Date: \_\_\_\_\_ Employed To Date: \_\_\_\_\_ Total Years Employed: --

Position: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_ Hourly Pay: \$ \_\_\_\_\_

Description of Duties: \_\_\_\_\_

Are you currently employed with this employer? Yes No If yes, may we contact this employer? Yes No

Who is/was your supervisor at the above employment: \_\_\_\_\_ Your supervisor's title: \_\_\_\_\_

*Past Employer Number 2:*

Employer Name: \_\_\_\_\_ City: \_\_\_\_\_ State: --

Employed From Date: \_\_\_\_\_ Employed To Date: \_\_\_\_\_ Total Years Employed: --

Position: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_ Hourly Pay: \$ \_\_\_\_\_

Description of Duties: \_\_\_\_\_

*Past Employer Number 3:*

Employer Name: City: State: --  
Employed From Date: Employed To Date: Total Years Employed: --  
Position: Reason for Leaving: Hourly Pay: \$  
Description of Duties:

Past Employer Number 4:

Employer Name: City: State: --  
Employed From Date: Employed To Date: Total Years Employed: --  
Position: Reason for Leaving: Hourly Pay: \$  
Description of Duties:

## References

First Reference:

Name: Occupation: Personal Professional  
Address: Suite/Apt#:  
City: State: -- Zip: Country:  
Home#: ( ) - Work#: ( ) - Other#: ( ) -  
How many years do you know this individual? -- Is this individual family? Yes No Is it OK for us to contact this individual at work?

Second Reference:

Name: Occupation: Personal Professional  
Address: Suite/Apt#:  
City: State: -- Zip: Country:  
Home#: ( ) - Work#: ( ) - Other#: ( ) -  
How many years do you know this individual? -- Is this individual family? Yes No Is it OK for us to contact this individual at work?

Third Reference:

Name: Occupation: Personal Professional  
Address: Suite/Apt#:  
City: State: -- Zip: Country:  
Home#: ( ) - Work#: ( ) - Other#: ( ) -  
How many years do you know this individual? -- Is this individual family? Yes No Is it OK for us to contact this individual at work?

## Other Information

Feel free to list here any other information that may aid us in processing your application:

## Authorization

"By submitting this application to Laco, Inc., I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from such utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

Yes, I agree with these terms.

No, I do not agree with these terms.