

# APPLICATION FOR EMPLOYMENT

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, or other protected classification.

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ Are you 18 years old (or older)?  Y  N

Are you authorized to work in the U.S on an unrestricted basis?  Y  N

How did you hear of this opening? \_\_\_\_\_

If referral, please specify name \_\_\_\_\_

Have you worked here before?  Y  N Email address \_\_\_\_\_

Have you been told the essential functions of the job, or have you been shown a copy of the job description listing the essential functions of the job?  Y  N

Can you perform these essential functions with or without reasonable accommodation?  Y  N

Are there any hours, shifts, or days you cannot, or will not work?  Y  N If no, please specify \_\_\_\_\_

Shift Preferred \_\_\_\_\_ Part Time \_\_\_\_\_ Full Time \_\_\_\_\_

Are you willing to work overtime, as required?  Y  N

Have you ever been convicted of a felony?  Y  N

(Conviction will not necessarily disqualify an applicant for employment) If yes, describe conditions: \_\_\_\_\_

Education	Name/Location of School	Year Graduated	Major	Diploma/Degree
High School		XXXXXXXX	XXXXXXXXXXXXXXXXXX	
College/Univ.				
College/Univ.				

**Other Training/Education:**  
 In addition to your work history (reverse side), what other experiences, skills, or qualifications would especially fit you for work with our company? \_\_\_\_\_

Positions Applied for:	1	2
Wage or salary desired?	\$	When can you start?

(OVER)

**WORK HISTORY**

MAY WE CONTACT YOUR PRESENT EMPLOYER

Y

N

Most Recent Employer	Address	Telephone Number
Date Started	Starting Salary	Starting Position
Date Left	Salary on Leaving	Position on Leaving
Name and Title of Supervisor		
Description of Duties		Reason for Leaving

Previous Employer	Address	Telephone Number
Date Started	Starting Salary	Starting Position
Date Left	Salary on Leaving	Position on Leaving
Name and Title of Supervisor		
Description of Duties		Reason for Leaving

Previous Employer	Address	Telephone Number
Date Started	Starting Salary	Starting Position
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Date Started	Starting Salary	Starting Position
Date Left	Salary on Leaving	Position on Leaving
Name and Title of Supervisor		
Description of Duties		Reason for Leaving

**APPLICANT'S CERTIFICATION AND AGREEMENT**

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statement, omissions, or misrepresentations may result in my dismissal. I authorize the company to make an investigation of any facts set forth in this application.

If an employment offer is made, I understand that it is contingent on substance abuse screening. I agree to authorize the testing laboratory to disclose the findings to Ladesco, Inc. If I am employed, substance screening will be conducted randomly.

I understand that employment at this Company is "at will", which means that either I, or the Company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager, or executive of the Company, other than the president has any authority to alter the foregoing.

Signature

Date