

APPLICATION FOR EMPLOYMENT

P.A. LANDERS, INC.



In compliance with Federal and State Equal Employment Opportunity Laws, qualified applicants are considered for all positions without regard to race, color, religion, gender, national origin, age, marital status, sexual orientation, the presence of a non-job related medical condition or disability, or any other characteristic protected by law.

Date _____ Name: _____

Present Address: _____
Number & Street City/State Zip Code

Home Phone: () _____ - _____ Cell Phone: () _____ - _____ Are you over 18? Yes/No

Email Address: _____ Authorized to work legally in the USA? Yes/No

Position Desired: _____ How were you referred? _____

Date able to start: _____ Previously worked or applied for a job here? _____

Licenses/Certifications

Do you currently hold an: OSHA 10 _____ Hoisting License _____ CDL _____ TWIC Card _____

Work History

Please list your present or most recent job first. Include all employment. Include your work history and any work performed on a volunteer basis. Should you need more space, please attach an additional sheet. CDL applicants require a ten (10) year work history.

Company Name: _____ Phone: () _____ - _____

Address: _____

Job Title/Duties: _____

Dates: From _____ To _____ Reason for Leaving: _____

Company Name: _____ Phone: () _____ - _____

Address: _____

Job Title/Duties: _____

Dates: From _____ To _____ Reason for Leaving: _____

Company Name: _____ Phone: () _____ - _____

Address: _____

Job Title/Duties: _____

Dates: From _____ To _____ Reason for Leaving: _____

Company Name: _____ Phone: () _____ - _____
Address: _____
Job Title/Duties: _____
Dates: *From* _____ *To* _____ Reason for Leaving: _____

Company Name: _____ Phone: () _____ - _____
Address: _____
Job Title/Duties: _____
Dates: *From* _____ *To* _____ Reason for Leaving: _____

Company Name: _____ Phone: () _____ - _____
Address: _____
Job Title/Duties: _____
Dates: *From* _____ *To* _____ Reason for Leaving: _____

Military Service

Branch: _____ Rank: _____ Discharge Date: _____

Physical History

List any restrictions and/or disabilities that may prevent you from doing certain types of work:

If applicable, are you physically capable of heavy, manual work? YES / NO
Have you ever been injured on the job? YES / NO If YES, nature/severity of injury: _____

Education

High/Vocational School: _____
Dates: *From* _____ *To* _____ Courses Studied _____ Degree Attained: YES/NO

College: _____
Dates: *From* _____ *To* _____ Courses Studied _____ Degree Attained: YES/NO

Trade/Technical School: _____
Dates: *From* _____ *To* _____ Courses Studied _____ Degree Attained: YES/NO

Request for Check of Driving Record

1. In accordance with the provisions of Section 604 and Section 607 of the Fair Credit Reporting Act, Public Law No. 91-508, I hereby certify that the information requested below will be used for a “permissible purpose” as defined in the Act, and that the information received will be used for no other purpose.
2. I further certify that if the applicant named below is denied employment based upon the information received, I will identify the source of the report in accordance with the Section 615 (a) of the Fair Credit Reporting Act.

Signature of Applicant)

Date

PLEASE READ CAREFULLY AND SIGN THE STATEMENT BELOW:

I certify that the information given above is true and complete and I understand that misrepresentation and /or withholding of information will result in the rejection of this application or my discharge if discovered after employment begins. I authorize the Company to make inquiries regarding my history and character of prior employers, schools, etc. and hereby release employers, schools, or individuals from all liability in responding to inquiries in connection with my application and release the Company from all liability with respect to such inquiries.

I understand that the Company has a drug/alcohol testing program and that I will be tested before my employment as well as being randomly tested during my employment. I also understand that failing the pre-employment drug/alcohol test will make me ineligible for employment and failing a random drug/alcohol test may result in termination of my employment with the Company.

I understand that if employed, I will be an employee “at will” and may be terminated at any time, with or without cause, and with or without notice at the option of either the Company or myself. I also understand that no representative of the Company, other than the president, 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. If I am employed, I agree to abide by the Company’s policies, rules, and procedures and any changes thereto.

Applicant Signature

Date