

Please Print

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Position(s) applied for_			Date of application
Referral Source:	□Advertisement		□Employee Relative
	□Government Employment A	gency	□Walk-in
	□Private Employment Agency	1	□Other
	Name of source (if applicable)		
Name			
	Last	First	Middle
Address			Social Security #
Street	City State	e Zip Coo	de
Telephone #()	Mobile/Be	eper/Oth	er Phone # ()
E-mail Address			
If necessary, best time	to call you at home is		
May we contact you at	work? □Yes □No		
lf yes, work number ()	and be	est time to call
If you are under 18 and	l it is required, can you furnish a	a work pe	rmit? □Yes □No
If no, please explain			
Have you submitted an	application here before? \Box Yes	s ⊡No	
If yes, give date(s) and	position(s)		
Have you ever been em	ployed here before? □Yes	s ⊡No	
If yes, give dates: From	То		
Are you legally eligible	for employment in this country	? □Yes	□No
Date available for work		What	is your desired salary range? <u>\$</u>

Type of employment desired	□Full-Ti □Seasc		□Part- □Interi		□Temp	orary		
Will you relocate if job requires	it?	□Yes	□No	Will you travel if	job req	uires it?	□Yes	□No
Are you able to meet the attend	ance req	uiremer	nts of the	e position?	□Yes	□No		
Will you work overtime if require	ed?	□Yes	□ No					
If no, please explain								
Have you ever been bonded? □Yes □No								
Have you ever plead "guilty" or "no contest" to, or been convicted of a crime? \Box Yes \Box No								
If yes, please provide date(s) and details								
Driver's license number if driving is an essential job function State						ate		



Employment History

Starting with your most recent employer, assignments or volunteer activities, provide the following information.

Employer	Telephone	# <u>()</u>	_Dates Employed	<u>/</u> hth year	to
Street Address					
Starting Job Title/Final Job Title					
Compensation (Starting) <u>\$</u>	_per	_ □Hourly □Salary (Commission/Bonus	\$	
Compensation (Final) <u>\$</u>	_per	_ □Hourly □Salary C	Commission/Bonus	\$	
Reason for Leaving					
Immediate Supervisor and Title					
May we contact for reference? UYes	□No □La	iter			
Summarize the type of work performed	and job respo	onsibilities.			
Employer	Telephone	# <u>()</u>			
Street Address					month year
Starting Job Title/Final Job Title					
Compensation (Starting) <u>\$</u>	_per	_ □Hourly □Salary (Commission/Bonus	\$	
Compensation (Final) <u>\$</u>	_per	_ □Hourly □Salary C	Commission/Bonus	\$	
Reason for Leaving					
Immediate Supervisor and Title					
May we contact for reference? \Box Yes	□No □La	iter			
Summarize the type of work performed	and job respo	onsibilities.			



Employment History Continued

Employer	Telephone	# <u>()</u>		 year	to/
Street Address					
Starting Job Title/Final Job Title					
Compensation (Starting) <u>\$</u>	_per	_ □Hourly □Salary Co	mmission/Bonus <u>\$</u>		
Compensation (Final) <u>\$</u>	_per	_ □Hourly □Salary Co	mmission/Bonus <u>\$</u>		
Reason for Leaving					
Immediate Supervisor and Title					
May we contact for reference? □Yes	□No □La	ter			
Summarize the type of work performed	and job respo	onsibilities.			
Employer	Telephone	# ()			to / month year
Street Address				-	
Starting Job Title/Final Job Title					
Compensation (Starting) <u>\$</u>	_per	_ □Hourly □Salary Co	mmission/Bonus <u>\$</u>		
Compensation (Final) <u>\$</u>	_per	_ □Hourly □Salary Co	mmission/Bonus <u>\$</u>		
Reason for Leaving					
Immediate Supervisor and Title					
May we contact for reference? □Yes	□No □La	ter			
Summarize the type of work performed	and job respo	onsibilities.			



Skills and Qualifications

Please check all that apply.

□Word	□Excel	☐MS Office

□Power Point

□Internet

Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

Educational Background

Starting with your most recent school attended, provide the following information

School (include city & state)	Number of years completed	Achieved	GPA Class Rank	Major	Minor
		🗆 GED			
		🗆 Diploma			
		🗆 Degree			
		🗆 GED			
		🗆 Diploma			
		🗆 Degree			
		🗆 GED			
		🗆 Diploma			
		🗆 Degree			

References

List the name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable list three school or personal references that are *not* related to you.

Name	Title	Relationship to candidate	Telephone	Number of years known
			()	
			()	
			()	



Additional Information

While working here, will you be employed by anyone else other than the Lapp Group?

□Yes □ No

If yes, please provide details______

List Professional, trade, business or civic associations and any offices held.

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve National Guard or any other similarly protected status.

Organization	Offices Held

List special accomplishments, publications, awards, etc.

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve National Guard or any other similarly protected status.

List any additional information you would like us to consider

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified person or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigrations laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant_____

Date	/	/

APP GROUP