

# APPLICATION FOR EMPLOYMENT WITH LAMINATED TOPS OF CENTRAL IN

We are an Equal Opportunity Employer. Equal access to all programs, services and employment is available to all persons. Applicants requiring reasonable accommodations to the application and/or the interview process should notify the human resource representative.

DATE \_\_\_\_\_

## APPLICANT INFORMATION

NAME (LAST NAME FIRST)		EMAIL	
ADDRESS	CITY	STATE	ZIP CODE
PHONE NO. ( )	REFERRED BY		

## EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EVER APPLIED TO OR WORKED FOR THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, when?	Legally eligible for employment in the U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO

## EDUCATION

	NAME AND LOCATION OF SCHOOL	GRADUATE or DEGREE	SUBJECTS STUDIED
HIGH SCHOOL			NA
COLLEGE			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			

## GENERAL

<u>SPECIAL TRAINING/SKILLS/CERTIFICATIONS/LICENSES</u>
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## FORMER EMPLOYERS

(LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR	NAME, ADDRESS AND PHONE NUMBER OF CURRENT/PAST EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM	May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO			
TO				
FROM	May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO			
TO				
FROM	May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO			
TO				
FROM	May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO			
TO				

## MILITARY

ARE YOU A VETERAN?  <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, PLEASE LIST ANY SPECIALIZED TRAINING:
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**REFERENCES**

(GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU WHOM YOU HAVE KNOWN AT LEAST ONE YEAR)

Name	Address	Business	Yrs acquainted
1			
2			
3			

**Applicant Statement of Understanding**

I understand that false, misleading or omitted information on this application or in any documents I provide to support the information on this application will be sufficient cause to disqualify me for employment or, if hired, sufficient cause for discharge from employment upon discovery of the false, misleading or omitted information.

I understand that my prior employers may be contacted, unless I have otherwise specified.

I understand that as a condition of employment, if requested by the Company, I must submit to and satisfactorily pass a drug and alcohol test.

I understand that certain positions in the Company will require me to lift 100 pounds, as an individual. I understand that certain positions in the Company will require repetitive bending, twisting, squatting, and other body movements. I understand that certain positions in the Company will require me to differentiate certain colors for the purpose of fabrication.

I understand that this application does not constitute an agreement or contract for employment for any specified period of time or duration. No one, other than an authorized company representative, has the authority to make any assurances to the contrary. I understand that any such assurance must be made in writing and signed by the authorized representative. If hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the Company has the same right to terminate my employment at any time, with or without cause or prior notice, except as may be required by law.

If hired, I understand that I will be required to submit proof of my identity and legal authorization to work in the United States. I understand that any offer of employment to me will be contingent upon my ability to produce the required documentation within the time period required by law.

I understand that it is the Company’s policy not to refuse to hire a qualified individual with disability based on that individual’s need for reasonable accommodation under the American’s with Disabilities Act. Further, it is the Company’s policy not to discriminate in employment and that no question on this application is used to limit or excuse any applicant from consideration for employment on any basis that is prohibited by federal, state or local laws or regulations.

I certify that the information I have provided is true and correct and that I have read, or otherwise been made aware of, and fully understand all of the above information and consent to seek employment with the Company under these conditions.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**Equal Employment Opportunity:** While many employers are required by federal law to have an Affirmative Action Program, all employers are required to provide equal employment opportunity and may ask your national origin, race and sex for planning and reporting purposes only. This information is optional and failure to provide it will have no affect on your application for employment.