

# LEONARDITE PRODUCTS

## APPLICATION FOR EMPLOYMENT

POSITION APPLYING FOR \_\_\_\_\_

GENERAL INFORMATION				
Name (Last)	(First)	(Middle Initial)	Home Telephone ( ) -	
Address (Mailing Address)	(City)	(State)	(Zip)	Other Telephone ( ) -
E-Mail Address		Are you legally entitled to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date You Can Start Work	Days Available: <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday	Will Accept: <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Regular	Shift: <input type="checkbox"/> Day <input type="checkbox"/> Swing/Evening <input type="checkbox"/> Graveyard/Night <input type="checkbox"/> Rotating <input type="checkbox"/> Split	
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No				
DRIVER LICENSE INFORMATION				
Do you have a valid driver license? <input type="checkbox"/> Yes <input type="checkbox"/> No      Driver License Class _____ Issuing State _____				
EDUCATION, TRAINING, CERTIFICATIONS AND VETERAN STATUS				
Do you have a High School Diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No      Do you have a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Other education after High School (most recent first):				
Name of School, City, State	# of Quarter or Semester Credits Earned	Graduated	Earned Degree AA, AS, AAS, BA, BS, Masters, PhD	Major or Course of Study
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Occupational License, Certificate or Registration	Number	Issued By		Expiration Date
Occupational License, Certificate or Registration	Number	Issued By		Expiration Date
Are you a U.S. Military Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No				
ADDITIONAL INFORMATION AND SKILLS				
Describe volunteer work, community involvement, hobbies, or other qualification or skills:				
How did you hear about us?				

WORK EXPERIENCE (Current or most recent first)		
Employer	Telephone Number	From (Month/Year)
Street Address/City/State		
Job Title		To (Month/Year)
Duties/Skills/Equipment and Software Used:		
		Hours Per Week
		Last Salary
		Last Supervisor
Reason For Leaving		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
<hr/>		
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BUSINESS-RELATED REFERENCES		
Name	Address, City, State, Zip	Phone Number
I certify the information contained in this application is true, correct, and complete. I understand that if I become employed, false statements reported on this application may be considered sufficient cause for dismissal.		
Applicant Signature: _____		Date: _____

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