



## EMPLOYMENT APPLICATION

**INSTRUCTIONS:** If, as a result of a disability, you need help filling out this application form, or any phase of the employment process, please notify the person who gave you this form. To be considered for employment, you must complete all information. **Incomplete or illegible applications will not be processed.** You may be asked to provide additional information on another form. This application will be kept on file for **60 days**. Be sure to sign and date the application. **PLEASE PRINT.**

*An Equal Opportunity Employer*

Position applied for \_\_\_\_\_

NAME \_\_\_\_\_  
(Last) (First) (M.I.)

**CURRENT ADDRESS** \_\_\_\_\_ / \_\_\_\_\_ to Present  
(No. and Street) (City) (State) (Zip Code) Month/Year to Month/Year

**PRIOR ADDRESSES**

1. \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_  
(No. and Street) (City) (State) (Zip Code) Month/Year to Month/Year

(Most recent to oldest) 2. \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_  
(No. and Street) (City) (State) (Zip Code) Month/Year to Month/Year

Email Address: \_\_\_\_\_

HOME or CELL TELEPHONE ( ) \_\_\_\_\_ Best time to call? \_\_\_\_\_

Would you accept: Full-time ( ) Yes ( ) No Shift Preference (Please list by 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> choice):  
Part-time ( ) Yes ( ) No ( ) 1<sup>st</sup> Shift ( ) 2<sup>nd</sup> Shift ( n/a ) 3<sup>rd</sup> Shift  
Temporary ( ) Yes ( ) No

On what date would you be available for work? \_\_\_\_\_ (After hire, you may be expected to change shifts if business dictates.)

Have you ever been employed at Lester? ( ) Yes ( ) No If YES, START date \_\_\_\_\_ END date \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

Have you ever been convicted of or pled guilty or "no contest" to a felony or misdemeanor criminal offense, including driving under the influence of alcohol or drugs, but **excluding** minor traffic violations and parking tickets? (Such information will not necessarily disqualify you from employment; how recent, severe, and pertinent the conviction is to the job being applied for will be considered.)

( ) Yes ( ) No If YES, please explain. \_\_\_\_\_

### REFERENCES

List three (3) people we can contact who are familiar with your prior job performance, work habits, skills and abilities.

Name	Relationship	Name of Company where employed	Telephone Numbers		Years Known
			Home:	Work:	
			Home:	Work:	
			Home:	Work:	

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**EDUCATION****Provide highest grade completed:**

High School Name: _____ City: _____ State: _____ Country: _____	Graduated? ( ) Yes ( ) No Years completed: # _____
College Attended: _____ City: _____ State: _____ Country: _____	Graduated? ( ) Yes ( ) No Years completed: # _____
Level of Degree received (Check all that apply): Associate: _____ Bachelors: _____ Masters: _____ Other: _____ Major: _____ Minor: _____	
College Attended: _____ City: _____ State: _____ Country: _____	Graduated? ( ) Yes ( ) No Years completed: # _____
Level of Degree received (Check all that apply): Associate: _____ Bachelors: _____ Masters: _____ Other: _____ Major: _____ Minor: _____	
Other relevant education/training: _____	

**EMPLOYMENT HISTORY (3 MOST RECENT JOBS)***Since we will contact previous employers, the correct names and telephone numbers of past employers are essential.*

**1** Company \_\_\_\_\_ Address/City/State \_\_\_\_\_  
Telephone \_\_\_\_\_ Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Work Performed \_\_\_\_\_  
Employed from (dates) \_\_\_\_\_ to \_\_\_\_\_ Hourly rate/salary: Start \$ \_\_\_\_\_ Final \$ \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

**2** Company \_\_\_\_\_ Address/City/State \_\_\_\_\_  
Telephone \_\_\_\_\_ Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Work Performed \_\_\_\_\_  
Employed from (dates) \_\_\_\_\_ to \_\_\_\_\_ Hourly rate/salary: Start \$ \_\_\_\_\_ Final \$ \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

**3** Company \_\_\_\_\_ Address/City/State \_\_\_\_\_  
Telephone \_\_\_\_\_ Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Work Performed \_\_\_\_\_  
Employed from (dates) \_\_\_\_\_ to \_\_\_\_\_ Hourly rate/salary: Start \$ \_\_\_\_\_ Final \$ \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

**SKILLS AND TRAINING**

Describe your qualifications and skills for the work desired, including types of manufacturing or business equipment and software applications you can operate: (Include any licenses, certifications, designations, special accomplishments, and awards) \_\_\_\_\_

In a short statement, please explain: What do you feel you could contribute to Lester Electrical? \_\_\_\_\_

List additional information you would like us to consider: \_\_\_\_\_

To the best of my knowledge, the information contained on this application is true. If employed, I understand that falsified statements on this application shall be grounds for dismissal. I understand that nothing contained in this employment application or in the granting of an interview is intended to create a contract between me and this company for either employment or the provision of any benefits; and further understand that if an employment relationship subsequently is established, I will have the right to terminate my employment at any time and the company will have the same right. I further understand I will be required to submit to and pass a drug screen and medical examination before hiring is final. I understand that, in connection with my application for employment, a consumer report may be procured on me as part of the process of considering my candidacy as an employee. I am advised that Lester Electrical may also obtain an investigative report including information as to my personal character, general reputation, and mode of living. This information may be obtained by contacting my previous employers or references supplied by me. By my signature below, I hereby authorize Lester Electrical to obtain a consumer report and/or an investigative report about me in order to consider me for employment.

Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_