



**Application for at-will Employment**

Name: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_  
Street Address City State Zip

Phone #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Position Applying for: \_\_\_\_\_ Date of application: \_\_\_\_\_

**How did you hear about us?**

Advertisement  Friend  Relative  Walk-in  Employment Agency  Other

**Are you available to work?**

Full-time  Part-time  Shift Work  Temporary  
 Overtime, when necessary?

On what day will you be available to work? \_\_\_\_\_

	Yes	No
If you are under 18 years of age, can you provide required proof of eligibility to work?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever filed an application with us before? If Yes, give date _____	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been employed with us before? If Yes, give date _____	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently employed?	<input type="checkbox"/>	<input type="checkbox"/>
May we contact your current employer?	<input type="checkbox"/>	<input type="checkbox"/>
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (Proof of status will be required)	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently on "Lay Off" status and subject to recall?	<input type="checkbox"/>	<input type="checkbox"/>
Can you travel, if required?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been involuntarily terminated from a job? If Yes, please explain _____	<input type="checkbox"/>	<input type="checkbox"/>
Have you been convicted of a crime within the last 7 years? If Yes, please explain (Conviction does not necessarily disqualify an applicant from employment) _____	<input type="checkbox"/>	<input type="checkbox"/>
Have you received a description of the job or been made aware of the essential functions of the job you are applying for?	<input type="checkbox"/>	<input type="checkbox"/>

Do you understand the job requirements? If No, please explain \_\_\_\_\_

List the names of friends or relatives employed by LaPre Enterprise:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

### Employment History

**Caution:** Any falsifications or omissions will be grounds for rejecting your application or terminating your employment. **Do not leave any period of time blank for at least the last four years or four employers.** List all full time, part time, and temporary jobs. During periods of unemployment, write unemployed and give the dates. If you were in school, give the name of the school and the dates you attended. If in the military, indicate where you were stationed and the dates of service.

Start here with present or most recent job or activity:

Company Name:	Started: Month/Year
Company Address:	Ended: Month/Year
City/State/Zip:	Position at start:
Telephone:	Position at end:
Supervisor's Name:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Supervisor's Position:	Pay (start) Pay(end)
In total how many days did you call in absent for this job?	_____
In total how many days were you last for this job?	_____
Do you think this company would hire you again? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain? _____	
_____	
List reason for leaving this job:	
<b>Management Use Only</b> Verified By: _____ <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	

Company Name:	Started: Month/Year
Company Address:	Ended: Month/Year
City/State/Zip:	Position at start:
Telephone:	Position at end:
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_____	
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Supervisor's Position:	Pay (start) Pay(end)
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In total how many days were you last for this job?	_____
Do you think this company would hire you again? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain? _____	
_____	
List reason for leaving this job:	
<b>Management Use Only</b> Verified By: _____ <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	

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In total how many days were you last for this job?	_____
Do you think this company would hire you again? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain? _____	_____
List reason for leaving this job:	_____
Management Use Only Verified By: _____ <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	

### Education

	Name & Address of School	Course of Study	Years Completed	Diploma/Degree
Elementary School				
High School				
Undergraduate School				
Graduate School				
Technical School				
Other (Specify)				

### Job Related Skills

	Yes	No
Do you have a valid driver's license?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, License #: _____ Issuing State: _____		
Have you been convicted of or pled guilty to any traffic related offense within the last five (5) years? If Yes, please explain: _____	<input type="checkbox"/>	<input type="checkbox"/>
_____		
Have you had your driver's license suspended or revoked or had your driving privileges modified by a court of law? If Yes, please explain: _____	<input type="checkbox"/>	<input type="checkbox"/>
_____		
Please list all states from which you hold or have held a driver's license: _____		
_____		

**Experience with:**

- Copy Machine  
 Personal Computer  
 Calculator  
 Typewriter, wpm \_\_\_\_\_  
 Facsimile Machine (FAX)  
 Microsoft Windows  
 Other Languages \_\_\_\_\_

Child Care (please list): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Driving (please list): \_\_\_\_\_

Please use this space to list any special skills you may have that relate to the position you are applying for:

Please list any professional licenses, designations, certifications, ect. that may relate to the position you are applying for. Please include the date granted, name of organization, and any other relevant information.

### Professional References

1. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_
2. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_
3. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_
4. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

### Applicant's Certification Agreement

**APPLICANT: Please read the following statements carefully before you sign your name below.**

1. I certify that I have fully completed this application and information contained are true and completed to the best of my knowledge. I understand that any falsifications, misrepresentations or omission of facts in this application (or on any required documents) may result in denial of employment or immediate termination of employment, regardless of when or how discovered.
2. I give authorization to investigate all statements contained in this application including Municipal, County, State, and Federal Law Enforcement Agencies, present employer, previous employers, any school or other educational institution; and I voluntarily consent to any interviews or tests related to applying for employment at this agency.
3. I hereby state to my past employer that pursuant to State Statues I hereby authorize information contained in my personnel file be supplied to this agency. I authorize the investigation of all statements contained in this application and release from all liability any person or employers supplying such information, and I also release LaPre Enterprise from all liability which might result from making the investigation.
4. I agree, if I am offered and accept a position, to conform to and abide by all existing and future LaPre Enterprise rules and regulations. I understand that LaPre Enterprise reserves the right to change wages, hours, and working conditions as deemed necessary. **I understand, if hired, my employment is at will and either party can end the employment relationship at any time and for any or no reason.**
5. I understand any employment offer is contingent upon my providing, within three (3) working days of employment, valid proof of identity and eligibility to work in order to comply with the Immigration Reform and Control Act of 1986.
6. I understand that LaPre Enterprise is committed to maintaining a drug-free workplace. I am aware that LaPre Enterprise may require a drug test as a part of the hiring process.
7. I understand that my employment is contingent upon passing a physical examination, background check and having current TB immunization.
8. I understand nothing in this employment application, LaPre written policy statements or in verbal communications with LaPre official(s), is intended to create an employment contract. I also understand that LaPre Enterprise has the right to modify its policies without giving me any notice of the change(s).

**I hereby acknowledge that I have read, understand and agree to the proceeding statements.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date