



EMPLOYMENT APPLICATION

An Equal Opportunity Employer

Position Applied For: _____ **Date:** _____

PERSONAL INFORMATION:

Name: _____ (Please Print)
Last First Middle

Present Address: _____
Street City Zip

Home Phone: (_____) _____ Cell Phone: (_____) _____

Email Address: _____ Preferable Method of Contact: _____

Are you 18 years or older? Yes ___ No ___ If under the age of 18 can you furnish a work permit, if required? ___

GENERAL EMPLOYMENT QUESTIONS:

Who Referred You?

- Department of Labor
- Employee or Friend: _____ (Name)
- Walk-In
- Advertisement
- Web Page
- Trade School: _____ (Name)
- Agency: _____ (Name)
- Other: _____

Have you ever worked for LTI?

- Yes If yes, approximate date: _____ Supervisor: _____
- No

Have you ever applied to work for LTI before?

- Yes If yes, approximate date: _____
- No

Can you, upon employment provide genuine documentation establishing your identify and eligibility to be legally employed in the United States? Yes ___ No ___ (proof of citizenship required upon hire)

Type of employment desired: Full-Time: _____ Part-Time: _____ Seasonal: _____

GENERAL EMPLOYMENT QUESTIONS Continued>>>>

Is there anything that would interfere with your regular attendance and punctuality if offered a position?

- Yes If yes, please explain: _____
- No

Can you work mandatory overtime?

- Yes
- No

Have you read and do you understand the job requirements?

- Yes
- No

Can you perform the requirements of the job?

- Yes
- No

Are you currently employed? If yes, may we contact you present employer? _____

- Yes
- No

Have you ever been convicted of a crime or violation other than a minor traffic infraction in any state? (Do not include any plea that was discharged by the court under Georgia's First Offender Act). Note: A conviction does not constitute an automatic bar to employment; the type of conviction, when it occurred and the number of occurrences will be considered. ___ Yes ___ No If yes, explain below:

EDUCATION:

Name & Location of High School _____

Did you graduate? ___ Yes ___ No If yes, indicate the year _____

Name of College/Trade School: _____ Year Attended ___

Did you graduate? ___ Yes ___ No Major: _____

Name of Graduate School: _____ Year Attended ___

Did you graduate? ___ Yes ___ No Major: _____

MILITARY SERVICE:

Branch: _____ Rank: _____

Present membership in National Guard or Reserves ___ Yes ___ No

WORK EXPERIENCE: Please list your work experience beginning with your most recent. Please give an accurate, complete employment record (full & part-time). Include any job related military assignments and volunteer activities. *Use a separate sheet if necessary.*

EMPLOYER: _____ Dates Employed: _____

Address: _____

Name & Position Title of Supervisor: _____

Your Job Title: _____ Pay: _____/weekly

Reason for leaving (be specific) _____

List your job duties, skills used or learned, advancements or promotions while you worked at this company.

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Your Job Title: _____ Pay: _____/weekly

Reason for leaving (be specific) _____

List your job duties, skills used or learned, advancements or promotions while you worked at this company.

SKILLS: List any other experience, skills or other qualifications, including hobbies, which you believe should be considered in evaluating your qualifications for employment.

PERSONAL REFERENCES: Please list two references *other than relatives or previous employers*.

Name: _____ Phone # _____

Address: _____

Relationship: _____ Years Acquainted: _____

Name: _____ Phone # _____

Address: _____

Relationship: _____ Years Acquainted: _____

APPLICANT ACKNOWLEDGEMENT AND AUTHORIZATION: Please read carefully before signing.

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment; rescinding the employment offer; or termination of employment.

I understand that the submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by LTI, such employment with LTI is at will for no specified duration and may be terminated by either LTI or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, or statements of LTI or its representatives used during the employment process is deemed a contract of employment real or implied.

In consideration for employment with LTI, if employed, I agree to conform to the rules, regulations, policies and procedures of LTI at all times and understand that such obedience is a condition of employment. I understand that due to the nature of LTI's business, attendance and punctuality are considered essential requirements of every job and that poor attendance or tardiness may result in disciplinary action up to and including termination.

I also understand that LTI is a Drug Free Workplace and, if offered a position, I will be required to submit to drug screening prior to employment and at any time during my employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of the pre-employment test will result in withdrawal of any employment offer or termination of employment if already employed.

I also understand that if I am employed, I will be required to provide genuine proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within required time shall result in immediate termination of employment.

I hereby authorize LTI to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, investigative agencies and references. I also hereby release from liability LTI and its representatives for seeking, gathering, and using such information to make employment decisions.

By signing below I acknowledge that I have read, understood and agree to the above statements.

Name

Date



APPLICANT INFORMATION RELEASE

I hereby authorize any person, company or educational institution I have listed as a reference on my employment application to fully disclose in good faith any information they may have regarding my qualifications and fitness for employment.

I will not hold LTI, any prospective or former employer, educational institution, and/or any other person giving references liable for the exchange of information along with any other reasonable and necessary information that is necessary and inherent to the employment process.

Applicant's Name (Please Print)

Date

Applicant's Signature



**NOTICE REGARDING BACKGROUND INVESTIGATION
[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT]**

LTI ("the Company") may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by *Premier InfoSource, Inc., 5150 Stilesboro Rd., Suite 320, Kennesaw, GA Phone: 800-557-2220, Fax: 800-557-2250, www.PremierInfoSource.com* or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing LTI to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

New York applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by Employer by contacting the consumer reporting agency identified above directly.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by *Premier InfoSource, Inc.*, another outside organization acting on behalf of LTI, and/or LTI itself. I agree that a facsimile ("fax") or photographic copy of this Authorization shall be as valid as the original.

Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under California law.

Name (please print): _____

Social Security Number _____ **DOB**** _____

Current Address _____

City _____ / **State** _____ / **Zip** _____

Drivers License Number _____ **State** _____

Signature: _____ **Date:** _____

**Date of Birth is being requested in order to obtain accurate retrieval of records.



APPLICANTS VOLUNTARY SELF-IDENTIFICATION RECORD

As a part of LTI's Affirmative Action Program, we are required by law to report the number of people who apply at our company by ethnicity, race, sex, handicap and veteran status. Your cooperation will be appreciated in completing the following form. This information will be used only for reporting purposes as legislated by Federal and State regulations and will not become a part of your applicant file or be used in making an employment decision. **THIS FORM IS MAINTAINED SEPARATELY FROM YOUR EMPLOYMENT APPLICATION. Please Print**

Position Applying For: _____ Date: _____

NAME: _____ SEX: Male Female

1. ETHNICITY: (Please check one only)

NOT HISPANIC/LATINO (Anglo-Saxons, Pakistanis, Poles, Italians, Tanzanians, Germans, Egyptians, Chinese, Sudanese, Maoris, and Afghans).

HISPANIC/LATINO (All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin).

2. RACE: (Please check one only)

AMERICAN INDIAN OR ALASKAN NATIVE – (Persons having origins in any of the original peoples of North and South America--including Central America--and who maintain tribal affiliation or community attachment).

ASIAN (All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam).

BLACK or AFRICAN AMERICAN (A person having origins in any of the black racial groups of Africa).

NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands).

WHITE (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa).

3. HANDICAPPED/VETERANS:

HANDICAPPED INDIVIDUAL means any person who (1) has a physical or mental impairment, which substantially limits one or more of such person's major life activities; (2) has a record of such impairment; or (3) is regarded as having such an impairment.

This information will be kept Confidential, except that (1) supervisors and managers may be informed regarding work restrictions or accommodations; and (2) medical and safety staff will be informed regarding possible emergency treatment.

DISABLED VETERAN means a person entitled to disability compensation under laws administered by the Veterans' Administration for disability rated at thirty percentum or more, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.

VETERAN OF THE VIETNAM ERA means a person who (1) served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975, and was discharged or released there from with other than a Dishonorable Discharge, or (2) was discharged or released from active duty for a service-connected disability if any part of such active duty was performed between August 5, 1964 and May 7, 1975.



FOR OFFICE USE ONLY

Interviewed by: _____ Date: _____

Offer Made: _____ Yes _____ Position: _____ Salary: _____

Department: _____ Date Reporting to Work: _____

If no offer was made indicate reason below:

COMMENTS: _____

