



LA LIFT SERVICES: THE FORKLIFT PROFESSIONALS

APPLICATION FOR EMPLOYMENT

EQUAL OPPORTUNITY EMPLOYER: Our company does not discriminate on the basis of race, color, religion, sex, national origin, age, marital or veteran status, disability, or any other status protected under applicable law.

NAME AND ADDRESS

| | | |
|-------------------|--------------------------|----------------|
| Application Date | | |
| Last Name | First Name | Middle Initial |
| Street Address | | |
| City | State | Zip Code |
| Home Phone Number | Alternative Phone Number | |

POSITION DESIRED

| | | |
|--|------------------------------------|--|
| Position Applied For: | <input type="checkbox"/> Full Time | <input type="checkbox"/> Part Time – If part time, list hours available: |
| Salary Expected: | Date Available: | |
| Are you available to work whatever schedule is necessary to help us meet our Corporate objectives and our obligations to our clients? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If no, what shifts or days are you available? | | |

PERSONAL INFORMATION

| | | |
|--|--|--|
| Are you presently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, may we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Referral Source: <input type="checkbox"/> Walk-In | <input type="checkbox"/> Advertisement | <input type="checkbox"/> Other (Please specify): |
| <input type="checkbox"/> Job Service | <input type="checkbox"/> Employee Referral (If so, name of employee): | |
| What value would you bring to the company? | | |

EDUCATION *The following information will be used only to the extent relevant to the qualifications and position for which you apply.

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|--|-----------------------|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|---|
| Circle the highest grade completed. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | + |
| Do you have a high school diploma or GED? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | | | |
| Did you earn a degree from college? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, year awarded: | | | | | | | | | | | | | | | | |
| College Name: | Degree: | | | | | | | | | | | | | | | | |

GENERAL

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| Have you ever been sued in a civil action with regard to the death of or a personal injury or intentional damage to any person or to any property? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, give details concerning the nature of the claims and defenses raised by the parties, the outcome of the action (e.g., settlement, jury verdict, or other disposition), and any other circumstances you deem relevant to a full understanding of what occurred (attach additional sheets if necessary). |
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| Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? <input type="checkbox"/> Yes <input type="checkbox"/> No |

WORK HISTORY *Please attach your resume to this application.

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| Have you ever been granted a military or government security clearance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, level of clearance: |
| Do you have any special job skills or qualifications that may be relevant to the position which you are applying? If so, please describe: |

*List all employment, including military, for the past (7) years beginning with your present or last job held. If you need additional space, continue on a plain sheet of paper and attach it to this application.

| | | |
|---------------|---|-------------|
| From (mm/yy): | Employer: | Supervisor: |
| To (mm/yy): | Address: | City: |
| Salary: | State: Zip Code: | Phone: |
| Job Title: | Reason for leaving: | |
| Job Duties: | | |

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|---------------|---|-------------|
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| Job Title: | Reason for leaving: | |
| Job Duties: | | |

Have you ever been dismissed or asked to resign from employment? Yes No

If yes, provide a brief explanation, including the name of the employer, approximate date, and any relevant circumstances:

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REFERENCES *Please list names, addresses, and phone numbers of five people who are not related to you and who are not former employers:

| Name and Occupation | Address | Phone |
|---------------------|---------|-------|
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UNDERSTANDINGS AND AGREEMENTS

I understand that any misrepresentation, falsification or omission of this application shall be sufficient reason for refusal to hire or, if discovered after employment has begun, dismissal of my employment. I hereby authorize investigation of all matters contained in this application and agree that if the results of such investigation are not satisfactory, any offer of employment may be withdrawn, or, if applicable, my employment may be terminated immediately. I agree to conform to and adhere to the rules and regulations governing my employment. Further, I understand and agree that this application and any other materials I may receive are not intended to be, nor shall be construed to be a contract of employment, and that my employment and compensation may terminate, with or without cause, and with or without notice, at any time, at the option of either myself or my employer.

In consideration of any offer of employment, I hereby acknowledge, understand and agree that the following will constitute terms and conditions of any such employment:

Any losses or expenses incurred by my employer, its clientele, or other third parties as a result of my authorized actions shall be immediately reimbursed to my employer on terms that are satisfactory and acceptable to my employer. To the extent permitted by law, I agree and hereby authorize my employer to reduce my wages for any sum owing by me hereunder.

Signature of Applicant

Date

DO NOT WRITE BELOW THIS LINE

| | | |
|--------------|--------------------|-------|
| Interviewer: | Hiring Supervisor: | Date: |
| Start Date: | Rate of Pay: | |
| Department: | Position: | |
| Remarks: | | |
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