

APPLICATION FOR EMPLOYMENT

Prospective employees of Lifetime Products will receive consideration without discrimination due to race, creed, color, age, sex, national origin, disability or veteran status. Failure to fully complete application may result in rejection of application.

General Information

Last Name	First Name	Middle Initial	Position Applying For	Date		
Address		Apt # (if applies)	City	State	Zip Code	Social Security Number
Home Phone ()	Work Phone ()	Mobile/Pager ()		Date Available for Work		

Have you ever been employed by Lifetime Products? YES NO If yes, when? _____
 Department: _____
 Supervisor: _____

Have you ever applied at Lifetime Products? YES NO If yes, when? _____

Have you ever worked at Lifetime Products through a temporary service? YES NO If yes, when? _____
 Company Name: _____

Are you at least 18 years of age? YES NO

Have you ever been convicted of a felony in the past ten years, which has not been annulled, expunged or sealed by the court? YES NO If yes, when? _____
 Give details: _____

Are you currently on 'lay-off' status subject to recall? YES NO

Are you eligible for employment in the United States? YES NO

What machines/equipment can you operate that apply to this job? List Here: _____

Do you have safe and reliable means of transportation to/from work? YES NO

Have you ever been fired from a job? YES NO If yes, why? _____

Do you have any friends or relatives working at Lifetime Products? YES NO If yes, who? _____

Are you willing to work:

Day	YES	NO
Swing	YES	NO
Graveyard	YES	NO
Overtime	YES	NO
Saturdays (when required)	YES	NO

How were you referred to Lifetime Products?

<input type="checkbox"/> Newspaper	<input type="checkbox"/> Job Corps	<input type="checkbox"/> DATC	<input type="checkbox"/> WS
<input type="checkbox"/> Website	<input type="checkbox"/> Department of Workforce Services	<input type="checkbox"/> OATC	<input type="checkbox"/> Employee Referral Who? _____

Education

School	Name, City, and State	Course of Study	Last Year Completed	Did you Graduate?	Diploma/Degree
<i>College</i>					
<i>High School</i>					
<i>Other</i>					

References Please list references (not relatives) to contact that are acquainted with your work history.

Name	Occupation	Company, City, and State	Relationship to Applicant	Telephone Number

Previous Employment *List name, address, and phone number of previous employers, with the most recent first. Include periods of unemployment and the reason for the unemployment.*

Employer #1			
Company Name	City, State	Supervisor	Phone Number
Job Title	Duties		
Dates of Employment From: To:	Reason for Leaving	Salary Start: End:	
What did you dislike about this job?		What did you like about this job?	
May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, why not?			

Employer #2			
Company Name	City, State	Supervisor	Phone Number
Job Title	Duties		
Dates of Employment From: To:	Reason for Leaving	Salary Start: End:	
What did you dislike about this job?		What did you like about this job?	
May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, why not?			

Employer #3			
Company Name	City, State	Supervisor	Phone Number
Job Title	Duties		
Dates of Employment From: To:	Reason for Leaving	Salary Start: End:	
What did you dislike about this job?		What did you like about this job?	
May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, why not?			

Employer #4			
Company Name	City, State	Supervisor	Phone Number
Job Title	Duties		
Dates of Employment From: To:	Reason for Leaving	Salary Start: End:	
What did you dislike about this job?		What did you like about this job?	
May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, why not?			

