



APPLICATION FOR FIELD EMPLOYMENT

QUALIFIED APPLICANTS ARE CONSIDERED FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS OR THE PRESENCE OF A NON-JOB-RELATED MEDICAL CONDITION OR HANDICAP.

DATE OF APPLICATION _____ / _____ / _____

NAME _____ SOCIAL SECURITY NUMBER _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE () _____ - _____ DRIVER'S LICENSE NUMBER _____ State: _____

AGE _____ SEX _____ DATE OF BIRTH _____ / _____ / _____

IN CASE OF EMERGENCY NOTIFY _____ RELATIONSHIP _____

PHONE () _____ - _____

ARE YOU WILLING TO TRAVEL FOR OUT OF TOWN WORK _____ YES _____ NO

ARE YOU WILLING TO WORK OVERTIME _____ SATURDAYS _____ SUNDAYS _____ HOLIDAYS

ON WHAT DATE WOULD YOU BE AVAILABLE FOR WORK? _____ / _____ / _____

ARE YOU AVAILABLE TO WORK _____ FULL TIME _____ PART TIME

_____ SHIFT WORK _____ TEMP

ARE YOU CURRENTLY ON "LAY-OFF" STATUS AND SUBJECT TO RECALL? _____ YES _____ NO

HAVE YOU BEEN CONVICTED OF A FELONY? _____ YES _____ NO

(CONVICTION WILL NOT NECESSARILY DISQUALIFY AN APPLICANT FROM EMPLOYMENT)

IF YES, PLEASE EXPLAIN _____

NAMES OF SCHOOLS ATTENDED

GRADES COMPLETED

FORMER EMPLOYERS.

LIST BELOW THE LAST THREE EMPLOYERS, STARTING WITH THE LAST ONE FIRST.

MONTH & YEAR NAME & PHONE # HOURLY RATE POSITION REASON FOR LEAVING

FROM TO _____

FROM TO _____

FROM TO _____

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY BE TERMINATED AT ANY TIME WITHOUT ANY PREVIOUS NOTICE.

I WILL ADHERE TO LAKESHORE ENVIRONMENTAL CONTRACTORS, LLC DRUG AND ALCOHOL POLICY AND SUBMIT TO TESTING AS REQUIRED.

DATE _____ / _____ / _____

SIGNATURE _____