

# Lomar Machine & Tool Application for Employment Form

**Instructions:** This is a legal document and should be filled out completely even if a resume is attached. Lomar is an equal opportunity employer. It is the policy of Lomar to provide equal employment opportunities to all employees and applicants for employment without regard to race, color, national origin, religion, age, sex, citizenship, veteran status or any other status protected by applicable law. In addition, Lomar will not discriminate against a qualified individual with a disability who can perform the essential functions of the job with or without reasonable accommodation. Please advise Human Resources if you believe you will need an accommodation in the application process.

## General Information

Name:

Email address:

Phone:

Address:

City/State/Zip:

Position applied for:

Shift preferred:            1            2            Either

Accept full-time work?            Yes            No

Accept part-time work?            Yes            No

Resume is attached            Yes            No

Are you at least 18 years old?            Yes            No

Are you legally authorized to work in the United States            Yes            No

*(Proof of citizenship or immigration status will be required upon employment)*

Are you able to perform all the essential functions of the job for which you are applying, with or without reasonable accommodation?            Yes            No

Have you ever been employed here before?            Yes            No

If yes, please give approximate dates of prior employment at this company:

Supervisor's name:

Do you have any special training, skills, qualifications or other experiences that relate to the position(s) applied for?

Salary desired: \_\_\_\_\_ Date available to work: \_\_\_\_\_

## Education Background *(Circle highest level completed)*

High School:            9            10            11            12

Name of school:

Vocational Training:

Name of School:

Cerifications obtained:

Is recertification required: Yes            No

College:            13            14            15            16

Name of school:

Masters:            17            18            19

Name of school:

**Personal References** (Other than family members or previous employers)

<b>1. Name:</b> <b>Connection:</b>	<b>Phone:</b> (    ) <b>City:</b>
<b>2. Name:</b> <b>Connection:</b>	<b>Phone:</b> (    ) <b>City:</b>
<b>3. Name:</b> <b>Connection:</b>	<b>Phone:</b> (    ) <b>City:</b>

**Previous Employers** Place check mark by the employer(s) you do not want us to contact. List the most recent employer first. List any other positions on a separate sheet.

<b>Employer:</b> <b>Address:</b> <b>Reason for Leaving:</b> <b>Last Wage:</b>	<b>Phone:</b> (    ) <b>Position:</b> <b>Employed From:</b> <b>To:</b> <b>Contact:</b>
<b>Employer:</b> <b>Address:</b> <b>Reason for Leaving:</b> <b>Last Wage:</b>	<b>Phone:</b> (    ) <b>Position:</b> <b>Employed From:</b> <b>To:</b> <b>Contact:</b>
<b>Employer:</b> <b>Address:</b> <b>Reason for Leaving:</b> <b>Last Wage:</b>	<b>Phone:</b> (    ) <b>Position:</b> <b>Employed From:</b> <b>To:</b> <b>Contact:</b>

I certify that the facts set forth in this Employment Application, in my résumé and in the other materials I have submitted are true and complete. I understand and acknowledge that false information provided by me will result in disqualification from employment or in dismissal from employment if an offer of employment has been made and accepted. I understand that my employment will be contingent, if selected, on my completion of the pre-employment process which may include a background check and drug screen. I authorize the company to perform a drug screen and will sign all authorizations related to complete a criminal background check if I am conditionally offered a position of employment.

I hereby authorize Lomar to contact all my former and current employers, educational institutions, military entities, and the other references I have provided regarding me and my performance record, work, academic and/or military experience. I hereby authorize my current and former employers, educational institutions, military entities, and the other references I have provided to disclose to Lomar all information regarding me.

I also hereby release Lomar and its employees and agents, and all of my former and current employers, educational institutions, military entities, and the other references I have provided, from any and all liability and damages for releasing or using information concerning me and my performance record and work, academic and/or military experience. I also hereby waive any right under the Bullard-Plawecki Right to Know Act, 1978 PA 397, to receive written notice from Lomar or any former or current employer, that disciplinary reports, letters of reprimand, or other disciplinary action taken against me while employed, will be or have been disclosed to a third person or entity.

I also understand that the Company may conduct a conviction-only criminal background history search on me. I hereby consent to this search being conducted and to the disclosure of the results of that search. I further hereby release the individual or entity conducting the search, Lomar and its employees and agents, from any and all liability, claims and damages, including but not limited to, claims for releasing or using any information revealed as a result of this search.

In consideration of my employment I agree and understand that my employment can be terminated with or without notice, and with or without cause, at either my option or at the option of Lomar, it being mutually understood and agreed that my relationship with Lomar is one of employment at will. No representatives of Lomar, other than the President, has the authority to enter into any agreement for employment for any period of time or to make any agreement contrary to the foregoing, and any such agreement must be in writing and signed by the President.

I understand that if I have a disability I must timely tell Company in writing of my need for accommodation within one hundred-eighty two (182) days after I know or reasonably should know that an accommodation is needed. I further understand failure to do so may prevent me from alleging a violation of the accommodation requirements otherwise imposed by applicable law.

Once my application file is complete, the Company will keep this application for at least one year, or for any other period of time dictated by state or federal law. I understand that any application I submit will be active for thirty (30) days only and will be considered only for the position I originally applied for. I will have to reapply for any new job openings. All materials submitted become the property of the Company.

**Applicant's Signature:**

**Date:**