

LEWISTOWN RENTAL AND AFFILIATES

EMPLOYMENT APPLICATION

We are an Equal Opportunity Employer. All applicants are considered without regard to race, color, religion, disability, sex, national origin, age (for those age 40 or over), or any other basis protected by federal, state, or local law. This employment application is only active for 30 days. After this time period, a separate employment application must be submitted in order to be considered for employment.

PERSONAL INFORMATION

Name _____	Date _____
Last First Middle	
Address _____	
Number and Street City State Zip Code	
Phone Number _____	SSN _____
Email _____	
Position Sought _____	Full Time or Part Time _____
How did you find out about this job? ___ Newspaper ___ Job Service ___ Referral ___ Other (describe):	
Wage Desired _____	Date available _____
Are you at least 18 years old? ___ Yes ___ No	
Are you eligible for employment in the United States ? ___ Yes ___ No	
(If offered employment, you will be required to provide documentation to verify eligibility.)	

EDUCATION

High School: Number of Years Completed (circle one) 1 2 3 4	
Diploma: ___ Yes ___ No	GED: ___ Yes ___ No
School(s) _____	City/State _____
College and/or Vocational School: Number of Years Completed (circle one) 1 2 3 4	
Major _____	Degrees Earned _____
School(s) _____	City/State _____
Other Training or Degrees:	
School(s) _____	City/State _____
Course _____	Degree or Certificate Earned _____

PROFESSIONAL LICENSE OR MEMBERSHIP

Type of License(s) Held _____
State of _____ License # _____ Expiration _____
Other Professional Memberships _____

(You need not disclose membership in professional organizations that may reveal information regarding race, color, creed, sex, religion, national origin, ancestry, age, disability, marital status, veteran status or any other protected status.)

SKILLS

Please list any specific skills or knowledge you have that are relevant to the position:

RECORD OF CONVICTION

During the last ten years, have you ever been convicted of a crime other than a minor traffic offense?
___ Yes ___ No If yes, please explain: _____

(A conviction will not necessarily automatically disqualify you for employment. Rather, such factors as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered.)

EMPLOYMENT DATA

List last employer first, including U.S. Military Service.

May we contact your present employer? ___ Yes ___ No

If any employment was under a different name, indicate name: _____

Employer _____	Address _____	
Position _____	Phone Number _____	
Dates of Employment (MM/YYYY): From _____ To _____ ___ Full Time ___ Part Time		
Wage _____	Supervisor _____	Department _____
Duties _____		

Reason for Leaving: _____

Employer _____

Address _____

Position _____

Phone Number _____

Dates of Employment (MM/YYYY): From _____ To _____ Full Time Part Time

Wage _____

Supervisor _____

Department _____

Duties _____

Reason for Leaving: _____

Employer _____

Address _____

Position _____

Phone Number _____

Dates of Employment (MM/YYYY): From _____ To _____ Full Time Part Time

Wage _____

Supervisor _____

Department _____

Duties _____

Reason for Leaving: _____

Employer _____

Address _____

Position _____

Phone Number _____

Dates of Employment (MM/YYYY): From _____ To _____ Full Time Part Time

Wage _____

Supervisor _____

Department _____

Duties _____

Reason for Leaving: _____

If you wish to describe additional work experience, attach the above information for each position on a separate piece of paper.

Explain any gaps in work history: _____

Have you ever been discharged or asked to resign from a job? Yes No If yes, please explain:

Are you willing to work overtime if needed? ___Yes ___No Weekends if needed? ___Yes ___No

Have you ever worked for this organization in the past? ___Yes ___No

Are you on layoff and subject to recall? ___Yes ___No

How many days have you missed from school/work within the last year other than approved time off? _____

How many days have you been late to school/work within the last year other than approved tardiness? _____

Please explain: _____

REFERENCES

Professional		Personal	
Name _____	_____	Name _____	_____
Address _____	_____	Address _____	_____
_____	_____	_____	_____
Phone _____	_____	Phone _____	_____
Email _____	_____	Email _____	_____
Relationship _____	_____	Relationship _____	_____
_____	_____	_____	_____
Name _____	_____	Name _____	_____
Address _____	_____	Address _____	_____
_____	_____	_____	_____
Phone _____	_____	Phone _____	_____
Email _____	_____	Email _____	_____
Relationship _____	_____	Relationship _____	_____
_____	_____	_____	_____

APPLICANT'S CERTIFICATION AND AGREEMENT

I authorize this company to make an investigation of all information contained in this employment application and I release from liability all companies and corporations supplying such information. I understand any false answers, statements, or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge. Upon termination of my employment for whatever reason, I release this company from all liability for supplying any information concerning my employment to any potential employer. I authorize this company, if applicable, to request a copy of my credit report, motor vehicle driving record, and any other investigative reports deemed necessary through various third party sources. As required by law, upon request within reasonable period of time, I will be notified as to the nature and scope of such investigations. I hereby agree to submit to any drug/alcohol test required of me, whether prior to my employment or if employed by this company at any time thereafter. I understand and expressly agree that if employed by the company, storage areas provided for me (locker, desk, etc.) are open to investigation or search by the company without prior notice to me. I further understand this is an application for employment and that no employment contract is being offered. I understand that if I am employed, such employment is for an indefinite period of time and the company may change wages, benefits, and conditions at any time. My employment is at will. No individual with the company is authorized to change the employment-at-will status except an officer of the company, who may do so only in writing. I have read and understand the above.

Signature of applicant

Date