



# APPLICATION FOR EMPLOYMENT

(Equal Employment Opportunity Employer)

## GENERAL

NAME \_\_\_\_\_ E-MAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE ( \_\_\_\_ ) \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

DATE AVAILABLE FOR EMPLOYMENT \_\_\_\_\_

If employed and under 18, can you furnish a work permit? YES NO

Have you ever been employed by this company? YES NO

Are you employed now? YES NO

May we contact your present employer? YES NO

If yes, give name and phone number: \_\_\_\_\_

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? YES NO

Type of work desired: \_\_\_\_\_

If applying for a position where driving is required, do you have a valid drivers license in this state? YES NO

License # \_\_\_\_\_

Can you perform the essential functions of the job(s) for which you are applying? YES NO

Are you available to work: FULL-TIME PART-TIME OVER-TIME

Have you been convicted of a felony? YES NO  
(Please note that a "YES" answer will not bar you from consideration for employment.)

If YES, please explain: \_\_\_\_\_

This company is an equal employment opportunity employer. All applicants will be considered without regard to age, color, national origin, religion, disability, sex or other protected status in accordance with applicable federal and state equal employment opportunity laws. This company will strive to accommodate any physical or mental limitations of employees or applicants in order to accomplish the essential functions of a job.

**EDUCATION**

	ELEMENTARY	HIGH	COLLEGE	GRADUATE
SCHOOL NAME				
YEARS COMPLETED	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
COURSE OF STUDY				

**SPECIAL SKILLS, QUALIFICATIONS AND CONSIDERATIONS:**

Summarize special skills and qualifications, volunteer activities, military experience, employment or other activities related to the job you are seeking:

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**REFERENCES:**

List three (3) non-relatives who are familiar with your qualifications, work history and ability.

Name	Relationship	Years Known	Telephone
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

**EMPLOYMENT EXPERIENCE:**

Start with your present or last job. List your last four (4) jobs in order. Do not omit any job.

Employer _____	Your job position _____
Address _____	Employed from (mo/yr to mo/yr) _____
Telephone number _____	Your salary: Starting/ending _____

Duties: \_\_\_\_\_

What did you like most about your job? \_\_\_\_\_

What did you like least about your job? \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Your job position

\_\_\_\_\_  
Address

\_\_\_\_\_  
Employed from (mo/yr to mo/yr)

\_\_\_\_\_  
Telephone number

\_\_\_\_\_  
Your salary: Starting/ending

Duties: \_\_\_\_\_

What did you like most about your job? \_\_\_\_\_

What did you like least about your job? \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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\_\_\_\_\_  
Employer

\_\_\_\_\_  
Your job position

\_\_\_\_\_  
Address

\_\_\_\_\_  
Employed from (mo/yr to mo/yr)

\_\_\_\_\_  
Telephone number

\_\_\_\_\_  
Your salary: Starting/ending

Duties: \_\_\_\_\_

What did you like most about your job? \_\_\_\_\_

What did you like least about your job? \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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\_\_\_\_\_  
Employer

\_\_\_\_\_  
Your job position

\_\_\_\_\_  
Address

\_\_\_\_\_  
Employed from (mo/yr to mo/yr)

\_\_\_\_\_  
Telephone number

\_\_\_\_\_  
Your salary: Starting/ending

Duties: \_\_\_\_\_

What did you like most about your job? \_\_\_\_\_

What did you like least about your job? \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY THOSE APPLICATIONS THAT ARE SIGNED AND DATED ARE CONSIDERED VALID. IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK THEM BEFORE SIGNING.**

I certify that all answers and statements I have made on this application (and resume or other supplementary materials) are true and complete without omissions. I understand that any false information will result in refusal to hire or immediate discharge if I am employed. I authorize any of the persons or organizations named in this application to give you complete information and records regarding my employment, education, character and qualifications.

YES NO

If hired, I will be responsible for familiarizing myself with all rules and regulations of **Lang Diesel Inc.** as they presently exist or are later modified. If hired, I understand my employment can be terminated, at the discretion of the company or at my option, without notice, at any time, except as specifically set forth in writing in a current individual employment agreement, which I have entered into with the company.

YES NO

I also understand that no representative of LANG DIESEL INC. has any authority to enter into any employment agreement for any specified period of time, or to assure me of any future position, benefits or terms and conditions of employment, except as specifically stated in a current written agreement signed by the President.

YES NO

I understand this application is not an offer of employment and no promises or representations of employment have been made to me at this time.

YES NO

By signing below, I authorize LANG DIESEL INC. to investigate all statements contained in this employment application as they may deem necessary in arriving at an employment decision. I further authorize LANG DIESEL INC. to order one or more consumer reports containing financial, driving record, and/or other information about me from a consumer reporting agency. I understand that the consumer report(s) will be requested and used for the purpose of evaluating me for employment, promotions, transfers, and/or retention as an employee.

**I have read, understand, and agree with the above.**

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Signature of Applicant

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Date

This application is valid for only ninety (90) days from the date I signed. If I want to be considered for job openings more than ninety (90) days from date signed, I will submit a new application.