



APPLICATION FOR EMPLOYMENT

DATE: _____

NAME: _____ TELEPHONE NO. _____

ADDRESS: _____ SOCIAL SECURITY #: _____

Position you are applying for: _____

Driver's License No.: _____ State: _____

	FROM	TO	COMPANY NAME & ADDRESS	POSITION	WAGES
1					
2					
3					

REASONS FOR LEAVING

1. _____
2. _____
3. _____

IN CASE OF EMERGENCY, NOTIFY:

Name	Address	Telephone	Relationship
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I certify that I have no pre-existing illness or condition that could prevent me from performing the job that I am applying for. The facts contained in this application are true and, if employed, falsified statements shall be grounds for dismissal. I also agree to take a drug and alcohol test upon request at any time, in accordance with Lechner and Sons Drug and Alcohol Abuse Programs.

Signature

FOR OFFICE USE ONLY

Interview by: _____ Position _____

Department _____ Start Date: _____ Wages _____