

2018 APPLICATION FOR EMPLOYMENT At L&W Engineering

(Pre-Employment Questionnaire) (An Equal Opportunity Employer)

GENERAL INFORMATION

Name (Last)	(First)	(Middle Initial)	Landline Telephone () -
Address (Mailing Address)	(City)	(State)	(Zip) Cell Phone () -
E-Mail Address		Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	

POSITION

Position Or Type Of Employment Desired	Will Accept: <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary <small>(check all that apply)</small>	Preferred Shift: <input type="checkbox"/> 1st (Days - Starts at 6 A.M.) <input type="checkbox"/> 2 nd (Afternoon - Evening) <input type="checkbox"/> 3 rd (Overnight Hours)
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Hourly Rate or Salary Desired	Date Available For Employment	

EDUCATION AND TRAINING

High School Graduate Or General Education (GED) Test Passed? Yes No
 If no, list the highest grade completed: _____

Primary Education, High School, College, Business School, Military (Most recent first)

Name and Location	Dates Attended Month/Year	Graduate	Degree & Year	Major Area Of Study
	From	<input type="checkbox"/> Yes		
	To	<input type="checkbox"/> No		
	From	<input type="checkbox"/> Yes		
	To	<input type="checkbox"/> No		
	From	<input type="checkbox"/> Yes		
	To	<input type="checkbox"/> No		
	From	<input type="checkbox"/> Yes		
	To	<input type="checkbox"/> No		

Occupational License, Certificate or Registration	Number	Where Issued	Expiration Date
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Languages Read, Written or Spoken Fluently Other Than English

VETERAN INFORMATION (Most recent)

Branch of Service	Date of Entry	Date of Discharge
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SPECIAL SKILLS (List all pertinent skills and equipment that you can operate)

(Maximum 300 characters)

WORK EXPERIENCE (Most Recent First) (Include voluntary work and military experience)

Employer	Telephone Number () -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 350 characters)		Hours Per Week
		Last Salary
		Supervisor
Reason For Leaving:		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Telephone Number () -	From (Month/Year)
Address		
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		Last Salary
		Supervisor
Reason For Leaving:		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Character Or Employment References: (Their Name / How You Know Them / How Long They Have Known You)

1.
2.
3.

I certify the information contained in this application is true, correct, and complete. I understand that, if employed, false statements reported on this application may be considered sufficient cause for dismissal.

Signature of Applicant _____ Today's Date _____