



APPLICATION FOR EMPLOYMENT

Federal law prohibits discrimination in hiring or employment on the basis of race, color, sex, religion, disability, national origin, citizenship, or on the basis of age. No question on this application is intended to secure information to be used for such discrimination. Proof of identity and work authorization will be required upon employment in accordance with federal regulations. **This Company plans to verify the accuracy of the statements you make on this application.** This application will receive consideration for **thirty (30) days**. If you have not heard from the Company within thirty days and wish to receive further consideration for employment, you must reapply in person.

Date of Application _____ Property applying at _____

PERSONAL INFORMATION

Position applying for _____ Referred By _____

Name
 Last _____ First _____ Middle _____

Present Address _____ City _____ State _____

Phone No. _____ Email _____

Are you 18 years or older? Yes ____ No ____ If no, list date of birth ____/____/____
 (mo) (day) (year)

GENERAL

Are you legally eligible for employment in the United States? Yes No
 Proof of eligibility will be required before you can be employed.

What date are you available for employment?

Have you ever applied for a position with this Company? Yes No Location _____ When _____

Have you ever worked for a Legacy Business Solution LLC Property?
 Yes No Location _____ When _____

Do you have a relative at any of the Legacy Business Solution LLC Property?
 Yes No Name of relative: _____

Are you presently on layoff or leave of absence from any other company? Yes No
 If yes, explain here: _____

Have you ever pleaded guilty to, "no contest" to, or been convicted of a felony? Yes ____ No ____ If "yes" please fill in:
 Year _____ County _____ State _____ Citation _____
 (A "yes" answer will not automatically disqualify you from consideration)

EDUCATION

High School:	Circle grade completed: 9 10 11 12				GED	Did you Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
College(s) Location(s): (include Junior and Community)	Date From	Date To	Date Graduated	Date Degree Received/Expected	Course major/field	
Other job-related educational Institutions (Trade)						

EMPLOYMENT INFORMATION

Shift Preference 1st 2nd 3rd

Type of employment desired? <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary	Are you an active member of the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Are you restricted to working only certain hours of the day? Yes ____ No ____ If yes, indicate the hours you are available:

Are you restricted from working certain days of the week? Yes ____ No ____ If yes, indicate the days you are available
 M T W T F S Su

DRIVING INFORMATION

Do you have a current driver's license? Yes ____ No ____ Class: _____

State: _____ License No.: _____ Expiration Date: _____

Has your driver's license ever been suspended or revoked? Yes ____ No ____ If yes, please explain circumstances:

FORMER EMPLOYERS (List Below Last Four Employers, Starting With Last One First)

Date Month & Year	Name Address &Phone Number of Employer	Salary	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

REFERENCES

Give Below The Names Of Three Persons, Not Related To You, Whom You Have Known At Least One Year

NAME	ADDRESS	BUSINESS	YEARS KNOWN
1.			
2.			
3.			

As an applicant for employment, I understand the following:

- Any misrepresentation or falsification of information requested here will be cause for rejection of this application or for subsequent discipline up to and including my dismissal from employment.
- If my application for employment is accepted, the effective date of my employment shall be the time I actually begin to work. If I am employed, I agree to comply with the safety and health rules and regulations of the company.
- No management official is authorized to make any oral assurance or promise of continued employment.
- I authorize without liability investigation of all statements contained in this application.
- **I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS "AT-WILL." THIS MEANS THAT EITHER I OR THE COMPANY MAY END THE EMPLOYMENT RELATIONSHIP AT ANY TIME WITH OR WITHOUT NOTICE OR REASON.**

DATE _____ SIGNATURE _____