Easy Lift Door Company

An Equal Opporti	unity Employer		Office Use:	
Please Print			Copy of Drivers Licens	e Yes No
Date	Last Name	First Name	Middle	
Cell Phone	Home Phone	Email Address		
Present Address	S			
No. & Street		City	State	Zip Code
Permanent Address	s (if different from present address)			
No. & Street		City	State	Zip Code
Employment De	esired			
Position applying	g for:			
Personal Inform	ation			
How did you hea	r about our company and this	job opening?		
Have you ever ap	oplied to or worked for		befo	re? Yes No
	n?			
	olying for work at Easy Lift Doo			

Emplo	yment Application			
If hired, v	would you have a reliable means of transport	tation to and from work?	Yes [No
	at least 18 years old? (If under 18, hire is subjen legal age.)			No
with or w	able to perform the essential functions of the vithout reasonable accommodation?			No
lf no,	, describe the functions that cannot be perfo	ormed.		
perfo We r supe	e: We comply with the ADA and consider reasonable according essential functions. Hire may be subject to passing a may refuse to hire relatives of present emploervision, security, safety, or morale, or if doing on, Training, and Experience Name and Address	a medical examination, and to skill an yees if doing so could result i	nd agility tests.) In actual or potential p	
High School	Name		Yes No	
	Address			
	City State Zip Code	2		
College/ University	Name		Yes No	
	Address			

City

State

Zip Code

Employment Application

Employment History

List below all present and past employment starting with your most recent employer (last five years is sufficient). You must complete this section even if attaching a resume.

Name of Employer		Phone Number		
Type of Business		Your Supervisor's Name		
Address & Street		City	State	Zip Code
Dates of Employment:				
From	То			
Current Employer ?				Yes No
Your Position and Duties				
Reason for Leaving				
May we contact this employ	er for a reference?			Yes No
Name of Employer		Phone Number		
Type of Business		Your Supervisor's Name		
Address & Street		City	State	Zip Code
Dates of Employment:				
From	То			
Current Employer ?				Yes No
Your Position and Duties				
Reason for Leaving				
May we contact this employ	er for a reference?			Yes No

Employment Application

Name of Employer		Phone Number	
Type of Business		Your Supervisor's Name	
Address & Street		City	State Zip Code
Dates of Employment:			
	om To		Yes No
Your Position and Duties			
Reason for Leaving			
May we contact this emplo	oyer for a reference?		Yes No
Note: Attach additional page(s) if	f necessary.		
References			
ist balandthus a managa a a t	related to you who have kno	owledge of your work performance w	vithin the last three years
list below three persons not i	related to you who have kill	pe	within the last times years.
First Name	Last Name		Phone Number
		City	
First Name			Phone Number
First Name Address & Street Occupation		City	Phone Number State Zip Code
First Name Address & Street	Last Name	City	Phone Number
First Name Address & Street Occupation	Last Name	City	Phone Number State Zip Code
First Name Address & Street Occupation First Name	Last Name	City No. of Years Acquainted	Phone Number State Zip Code Phone Number
First Name Address & Street Occupation First Name	Last Name	City No. of Years Acquainted City	Phone Number State Zip Code Phone Number
First Name Address & Street Occupation First Name	Last Name	City No. of Years Acquainted City	Phone Number State Zip Code Phone Number
First Name Address & Street Occupation First Name Address & Street Occupation	Last Name Last Name	City No. of Years Acquainted City	Phone Number State Zip Code Phone Number State Zip Code

Employment Application

Please Read Carefully, Initial Each Paragraph and Sign Below I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my Initials knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery. I hereby authorize to thoroughly investigate my Initials references, work record, education and other matters related to my suitability for employment unless otherwise specified above. I further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure. I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me Initials and the Company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Company's designated representative. In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form Initials upon hire.

Applicant's Signature

Date