

# Application for Employment

Mr. LONGARM, Inc.

P. O. Box 377  
Greenwood, MO 64034  
(816) 537-6777

## WE PERFORM BACKGROUND CHECKS AND DRUG SCREENS

**THIS APPLICATION IS NOT AN EMPLOYMENT CONTRACT**, but merely is intended to evaluate suitability for employment. It is the policy of the company to provide equal employment to all qualified persons without discrimination on the basis of sex, race, color, religion, age, marital status, national origin, citizenship, disability, veteran status, or any other status protected under state and federal law. It is also the policy of the company to have the option of conducting pre-employment screening before a job offer is made. If a job offer is made, employment may be contingent upon the successful completion of a medical examination, which may include providing body substance samples. This application will remain active for 180 days. You may request any reasonable accommodation to participate in the application process.

(PLEASE PRINT)

Position Applied for:		Date of Application: _____ / _____ / <b>2022</b> Month Day Year	
How Did You Learn About Us?			
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In	
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____	
Last Name		First Name	Middle Name
Address		City	State Zip Code
E-mail			
Telephone Number(s) (       )		Social Security Number	

If you are under 18 years of age, can you provide required proof of your eligibility to work?  Yes  No

Have you ever filed an application with us before?  Yes  No If Yes, give date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Have you ever been employed with us before?  Yes  No If Yes, give date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Are you currently employed?  Yes  No If Yes, employer: \_\_\_\_\_

May we contact your present employer?  Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

*Proof of citizenship or immigration status will be required upon employment.*  Yes  No

On what date would you be available to work? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Are you available to work:  Full Time  Part Time  Shift Work  Temporary

Are you currently on "layoff" status and subject to recall?  Yes  No

Can you travel if a job requires it?  Yes  No

**Education**

	<b>Name &amp; Address of School</b>	<b>Course of Study</b>	<b>Years Completed</b>	<b>Diploma Degree</b>
<b>Elementary</b>				
<b>High School</b>				
<b>College/University</b>				
<b>Graduated (MA/PH, etc.)</b>				
<b>Other (Specify)</b>				

**Describe any specialized training, apprenticeship, skills and extra-curricular activities.**

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**Describe any job-related training received in the United States military.**

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**This application will remain active for 180 days.**

**Employment Experience**

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities, or other protected status. Explain any gaps in employment in the Comments Section below.

1.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	\$	\$	
Reason for Leaving			May we call? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	\$	\$	
Reason for Leaving			May we call? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	\$	\$	
Reason for Leaving			May we call? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	\$	\$	
Reason for Leaving			May we call? <input type="checkbox"/> Yes <input type="checkbox"/> No	

If you need additional space, please continue on a separate sheet of paper.

**This application will remain active for 180 days.**

**State any additional information you feel may be helpful to us in considering your application.**

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**List professional, trade, business, or civic activities and offices held.**

**You may exclude memberships that would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status:**

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**Additional Information**

**Other Qualifications**

**Summarize special job-related skills and qualifications acquired from employment or other experience.**

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**Specialized Skills:**    Check Skills/Equipment Operated

<input type="checkbox"/> Microsoft Office	<input type="checkbox"/> Fax	Machinery (list):	Other (list):
<input type="checkbox"/> Microsoft Windows	<input type="checkbox"/> Copy Machine	_____	_____
<input type="checkbox"/> Microsoft Outlook	<input type="checkbox"/> Multi-line Phone System	_____	_____
<input type="checkbox"/> Calculator	<input type="checkbox"/> Accounting Software	_____	_____

**References**

List name and telephone number of three business/work references who are NOT related to you and are NOT previous Supervisors. If not applicable, list three (3) school or personal references who are not related to you

1. \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Name Phone #

\_\_\_\_\_ E-mail  
Street Address

\_\_\_\_\_ City State Zip Code

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2. \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Name Phone #

\_\_\_\_\_ E-mail  
Address

\_\_\_\_\_ City State Zip Code

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3. \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Name Phone #

\_\_\_\_\_ E-mail  
Address

\_\_\_\_\_ City State Zip Code

**Must read and sign Applicant's Statement on back of this page.**

FOR PERSONNEL DEPARTMENT USE ONLY	
Arrange Interview	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____/_____/_____
INTERVIEWER	DATE
Employed	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	Date of Employment _____
Job Title _____	Hourly Rate/ Salary \$ _____ Department _____
By _____	_____/_____/_____
NAME AND TITLE	DATE

**\*WE ARE AN AT-WILL, EQUAL OPPORTUNITY EMPLOYER\***

**Applicant's Statement**

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to cancel further consideration of this application, or immediately discharge me from the employer's service whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information (such as: dates, employment, salary, job titles, etc.) from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume, or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state, or federal law.

This application for employment shall be considered active for a period of time not to exceed 180 days.

Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

**I HEREBY UNDERSTAND AND ACKNOWLEDGE THAT, IF HIRED, MY EMPLOYMENT RELATIONSHIP WITH THIS ORGANIZATION WOULD BE OF AN "AT WILL" NATURE, WHICH MEANS THAT THE EMPLOYEE MAY RESIGN AT ANY TIME AND THE EMPLOYER MAY DISCHARGE EMPLOYEE AT ANY TIME AND FOR ANY OR NO REASON. IT IS FURTHER UNDERSTOOD THAT THIS "AT WILL" EMPLOYMENT RELATIONSHIP MAY NOT BE CHANGED BY ANY WRITTEN DOCUMENT OR BY CONDUCT UNLESS SUCH CHANGE IS SPECIFICALLY ACKNOWLEDGED IN WRITING BY AND SIGNED BY MR. LONGARM, INC. PRESIDENT.**

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT**

**I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement:**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

PRINT NAME: \_\_\_\_\_