APPLICATION FOR EMPLOYMENT

(PLEASE PRINT) Name_____Today's Date_____/_____/ _____

Email:_____

Last First Middle Initial

Present Address_____ Home
Phone Number _____Email _____ _____
Position Desired _____Date Available_____

(Please check the appropriate type of employment desired): _____Full-Time _____Part-Time

Have you completed an application at this Lane Trailer Mfg. before? _____Yes _____No

if yes, give date: _____

Have you ever been employed at Lane Trailer Mfg. before? _____Yes _____No

if yes, give date: _____

Are you employed now? _____Yes _____No

May we contact your present employer? _____Yes _____No

If yes, name of Supervisor: _____

Are you at least 18 years of age and legally authorized to work in the United States?____Yes____No

EDUCATION:

Do you have a high school diploma or GED? _____Yes _____No

If no, what is the highest year you completed_____

Give technical school, college or university information below if applicable to position for which you are applying: Name, Location, Course of Study, Degree/Diploma, Date Rec'd.

_____

SKILLS:

Please list any special training or skills you possess that may apply to the position desired:

_____

EMPLOYMENT EXPERIENCE:

List both part-time and full-time jobs. Start with present or last job.

PRESENT EMPLOYMENT (OR LAST JOB)

Company Name _____Telephone _____

Address_____Dates Employed:

From_____ To _____ Name of Supervisor _____

Salary: Start _____Last _____ State job title and describe your work:

_____

_____

_____

_____

_____ Full-Time_____ Part-Time_____ Number of Hours Per Week _____

Reason for Leaving:

_____

May we contact this employer? _____Yes _____No

PREVIOUS EMPLOYMENT

Company Name _____Telephone _____

Address_____Dates Employed:

From_____ To _____ Name of Supervisor _____Salary: Start _____Last _____ State job title and describe your work:

_____

_____

_____ Full-Time_____ Part-Time_____ Number of Hours Per Week_____

Reason for Leaving:

_____

May we contact this employer? _____Yes _____No

Company Name _____Telephone _____

Address_____Dates Employed:

From_____ To _____ Name of Supervisor _____Salary: Start _____Last _____

State job title and describe your work:

_____

_____

_____

Full-Time_____ Part-Time_____ Number of Hours Per Week_____

Reason for Leaving:

_____

May we contact this employer? _____Yes _____No

AUTHORIZATION FOR JOB REFERENCE CHECK

ONE REFERENCE MUST BE PERSONS WHO HAVE DIRECTLY SUPERVISED YOU

Name of Reference _____Title _____

Company Name _____Address _____

City/State/Zip Code_____

Work Phone_____

I hereby authorize the above-named reference to answer any job-related questions posed by Lane Trailer Mfg. in order to further my application process.

Signature of Applicant_____Date _____

Name of Reference _____Title _____

Company Name _____Address _____

City/State/Zip Code_____

Work Phone_____

I hereby authorize the above-named reference to answer any job-related questions posed by Lane Trailer Mfg. in order to further my application process.

Signature of Applicant_____Date _____

PRE-EMPLOYMENT DRUG TESTING

As part of your application for employment at Lane Trailer Mfg. you will be required to have a pre-employment drug/alcohol test, at Boone County Hospital. Lane Trailer Mfg. is concerned with the safety, health, and well being of all its employees, as well as the quality and integrity of its services. The use or misuse of alcohol, drugs, narcotics and/or controlled substances is inconsistent with these concerns and therefore we require applicants to undergo a pre-employment test for the presence of alcohol, drugs, and illegal substances. Positive test results will cause rejection of the applicant, unless there are extenuating circumstances; for example, a physician as part of an approved treatment program legally prescribes medications causing the positive result. We therefore require that you complete and sign this Consent and Release form.

CONSENT TO PRE-EMPLOYMENT TESTING AND RELEASE OF RESULTS

I, _____, do hereby consent to undergo a preemployment drug/alcohol test, as part of my application for employment at Lane Trailer Mfg. and have received a copy of their policy. I understand that further consideration of my application will depend upon results of the drug and alcohol tests. I further understand that the drug/alcohol tests are to be conducted at Boone County Hospital and will be schedule by Lane trailer Mfg. Lane Trailer Mfg. participates in random draw drug/alcohol pool, I agree to this testing if my name were to be drawn at random by our drug screening company. Further, I authorize the hospital, clinic, and/or testing facility to release to Lane Trailer Mfg., the results of such tests.

AFFIRMATIVE ACTION POLICY

Lane Trailer Mfg. believes in the principle and practice of Equal Employment Opportunity and will comply with federal, State and local laws and regulations prohibiting employment discrimination on the basis of race, color, creed, religion, sex, national origin, age, disability, sexual orientation, gender identity, or veteran status except where a bonafide occupational qualification reasonably exists necessary to the normal operations of Lane Trailer Mfg.

I declare that the statements in this application are true and accurate. I understand that my employment is subject to meeting requirements. I hereby give Lane Trailer Mfg. permission to obtain references regarding my abilities and qualifications for employment.

_____ _____

Signature Date