



# Employment Application

EMPLOYMENT HISTORY *(Begin with current or most recent employer.)*

May we contact your present employer?  YES  NO Previous employers?  YES  NO

**1. NAME OF EMPLOYER:** Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Position Held: \_\_\_\_\_ Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_

Job Duties: \_\_\_\_\_  
\_\_\_\_\_

Name and Title of Supervisor \_\_\_\_\_ Salary: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

**2. NAME OF EMPLOYER:** Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number \_\_\_\_\_

Position Held \_\_\_\_\_ Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_

Job Duties: \_\_\_\_\_  
\_\_\_\_\_

Name and Title of Supervisor \_\_\_\_\_ Salary: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

**3. NAME OF EMPLOYER:** Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number \_\_\_\_\_

Position Held \_\_\_\_\_ Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_

Job Duties: \_\_\_\_\_  
\_\_\_\_\_

Name and Title of Supervisor \_\_\_\_\_ Salary: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_



## Employment Application

Indicate your skills, equipment operation, experiences, abilities, etc. (if additional space is needed, continue on separate sheet.)			
Skill	Familiar?	Proficient?	# Years Experience
<b>Sewing Machine Types:</b>			
Single Needle	<input type="checkbox"/>	<input type="checkbox"/>	
Double Needle	<input type="checkbox"/>	<input type="checkbox"/>	
Bartack	<input type="checkbox"/>	<input type="checkbox"/>	
Serge Machine	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Other Equipment/Machinery (List)</b>			
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL, FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PREVIOUS NOTICE. I UNDERSTAND THAT THIS APPLICATION IS CONSIDERED CURRENT FOR TWELVE MONTHS. IF I WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THIS PERIOD I MUST FILL OUT AND SUBMIT A NEW APPLICATION

**BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.**

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Name and telephone number of person completing this form if other than applicant: \_\_\_\_\_

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

<p><b>(For Agency Use)</b></p> <p>Remarks: _____</p> <p>Hired on: _____ Will Report to work on: _____ Position Hired: _____</p> <p>For Department: _____ Salary Wages: _____ Approved by: (Name and Title) _____</p>
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**LIONS SERVICES, INC IS AN EQUAL OPPORTUNITY EMPLOYER. ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL OR ETHNIC ORIGIN, AGE, DISABILITY, MARITAL STATUS, CITIZENSHIP, VETERAN STATUS, SEXUAL ORIENTATION, OR ANY OTHER OCCUPATIONALLY IRRELEVANT CRITERIA, OR OTHER STATUS PROTECTED BY LAW UNLESS LEGALLY REQUIRED**

