

APPLICATION FOR EMPLOYMENT

Unified Equipment Resources is a Drug-Free Workplace

Position Desired: _____ () Full time () Part time Date _____

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER
APPLICANT'S STATEMENT**

I understand that if I am hired, my employment will be for no definite period, regardless of the period of payment of my wages. I further understand that I have the right to terminate my employment at any time with or without notice, and the Company has the same right. No one other than the President of the Company has authority to modify this relationship or make any agreement to the contrary. I understand that the Company reserves the right to require me to submit to a drug test at any time and also reserves the right to require me to submit to an alcohol test and/or medical examination to the extent permitted by law. I authorize the Company to investigate my driving record, my criminal record, my credit history, and other relevant background information. I understand that I have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation. I further understand that the Company may contact my previous employers and I authorize those employers to disclose to the Company all records and other information pertinent to my employment with them. I also authorize the Company to provide truthful information concerning my employment with it to my future prospective employers and I agree to hold it harmless for providing such information. I certify that all of the information that I provide on this application and in any interview will be true and accurate. I understand that if I am employed and any such information is later found to be false, incomplete or misleading in any respect, I may be dismissed.

DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTOOD THIS STATEMENT

_____ Date

_____ Signature of Applicant

PERSONAL DATA

Name _____
(Print) Last First Middle

Social Security No. _____

Present Address _____
Street and Number City State Zip

How long have you lived there? _____
Years Months

Previous Address _____
Street and Number City State Zip

How long did you live there? _____
Years Months

Telephone No. _____

Are you 18 years of age or older? _____

Have you ever worked for LCM before? [] Yes [] No If Yes, please give dates and position(s) held _____

Do you have any friends or relatives working here? [] Yes [] No If Yes, Name: _____ Relationship: _____

Do you have a reliable way to get to and from work, if hired? _____

Have you ever been convicted of a crime? [] Yes [] No

If Yes, please give date and details of each: _____

NOTE: Answering "Yes" to this question does not constitute an automatic bar to employment. Only those crimes which are substantially related to the position you are seeking will be considered.

Please list the names of your present or previous employers in chronological order with present or last employer listed first. Be sure to account for all periods of time including military service and any period of unemployment. If self-employed, give firm name and supply business references. Use the back of the page if needed to provide complete information.

