

LEaDer Lights, LLC.

P.O. Box 120206

Grand Rapids MI 49528



Employment Application

Applicant Information (Please Print)

Applicant Name _____ Address _____

City _____ State _____ Zip _____ Main Phone# () _____

Email Address _____ Soc Sec # _____

Positions

Position applying for: _____ Temporary Part time _____ Full time _____

Availability: Please circle M T W T F S S Hours: _____

If hired, on what date can you start working? ___ / ___ / ___ Can you work evenings? Yes ___ No ___

If hired, would you have transportation to/from work? Yes ___ No _____

Are you over the age of 18? Yes ___ No ___ if under 18, do you have working papers? Yes ___ No ___

If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States? Yes ___ No ___ if hired, are you willing to submit to and pass a controlled substance test? Yes ___ No ___

Have you ever been convicted of a criminal offense (felony or misdemeanor)? Yes ___ No _____

If yes, please state the nature of the crime(s), when and where convicted and disposition of the case Number. _____

Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense.

Education, Training and Experience:

School name: _____ School address: _____

School City _____ State _____ Zip _____ Number of years completed: _____

Did you graduate? Yes ___ No ___ Degree/Diploma earned: _____

Do you have any other experience, training, qualifications, or skills which you feel should be brought to our attention, in the case that they make you especially suited for working with Leader Lights? _____

Employment History:

Even if you have attached a resume, this section must be completed.

Are you currently employed? Yes ___ No ___ if you are currently employed, may we contact your current employer? Yes ___ No ___

Please describe past and present employment positions, dating back three years. Please account for all periods of unemployment.

1-Name of Employer: _____ **Name of Supervisor:** _____

Address: _____ City _____ State _____ Zip _____

Telephone Number: _____ Business Type: _____

Length of Employment: _____ Position & Duties: _____

Reason for Leaving: _____ May we contact this employer? Yes ___ No ___

2-Name of Employer: _____ **Name of Supervisor:** _____

Telephone Number: (____) _____ Business Type: _____

Address: _____ City _____ State _____ Zip _____

Length of Employment: _____ Position/Duties: _____

Reason for Leaving: _____ May we contact this employer? Yes ___ No ___

3-Name of Employer: _____ **Name of Supervisor:** _____

Address: _____ City _____ State _____ Zip _____

Telephone Number: _____ Business Type: _____

Length of Employment: _____ Position & Duties: _____

Reason for Leaving: _____ May we contact this employer? Yes ___ No ___

4-Name of Employer: _____ Name of Supervisor: _____

Address: _____ City _____ State _____ Zip _____

Telephone Number: _____ Business Type: _____

Length of Employment: _____ Position & Duties: _____

Reason for Leaving: _____ May we contact this employer? Yes ___ No ___

References:

List below two persons who have knowledge of your work performance within the last four years. Please include professional references only.

1. Name - First, Last: _____ Phone (____) _____
Address: _____ City _____ State _____ Zip _____
Occupation: _____

2. Name - First, Last: _____ Ph. (____) _____
Address: _____ City, State, Zip: _____
Occupation: _____

I certify that I have not purposely withheld any information that might adversely affect my chances for hiring. I attest to the fact that the answers given by me are true and correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of material fact on this application or on any document used to secure can be grounds for rejection of application or, if I am employed by this company, terms for my immediate expulsion from the company.

I understand that if I am employed, my employment is not definite and can be terminated at any time either with or without prior notice, and by either me or the company.

I permit the company to examine my references, record of employment, education record, and any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers & all other persons, corporations, partnerships & associations from any & all claims, demands or liabilities arising out of or in any way related to such examination or revelation.

Applicant's Signature: _____ **Date:** _____