



LERCH BATES

Building Insight

APPLICATION FOR EMPLOYMENT

(Rev. 10/2007)

Conditions for employment are stated at the end of this form. Please read carefully before you sign this application.

EQUAL EMPLOYMENT OPPORTUNITY

Lerch Bates Inc. (LB) is committed to equal employment opportunity in all of its employment practices. Decisions involving aspects of the employment relationship are made without regard to an employee's race, creed, religion, sex, age, disability, national origin, marital status, veteran status or any other status or characteristic protected by state or federal law. It is our intention that all qualified applicants are given an equal opportunity and that selection decisions be based on job-related factors.

SUPPLEMENTAL INFORMATION

If hired, can you provide proof of your eligibility to legally work in the United States? [] YES [] NO

POSITION APPLIED FOR _____ DATE OF APPLICATION _____

If not specified, you will not be considered for employment.

PERSONAL

PLEASE PRINT USING BALL-POINT PEN

Form with fields for Full Name (First, Middle, Last), Social Security Number, Present Address (Street, City, State, Zip), How Long, Telephone, Previous Address (Street, City, State, Zip), How Long, Telephone.

List any other names or aliases you have used:

PERMANENT ADDRESS IF DIFFERENT FROM ABOVE: WHAT OTHER LOCATIONS HAVE YOU RESIDED IN THE PAST 3 YEARS?

IF NO PHONE, HOW MAY WE CONTACT YOU? WHAT OTHER NAMES OR SOCIAL SECURITY NUMBERS HAVE YOU USED?

ARE ANY OF YOUR RELATIVES PRESENTLY EMPLOYED WITH LERCH BATES? [] YES [] NO IF YES, NAME OF RELATIVE RELATIONSHIP WHICH LOCATION?

HAVE YOU EVER WORKED FOR THE LERCH BATES BEFORE? [] YES [] NO IF YES, WHERE? APPROX. DATE: MO/YR REASON FOR LEAVING?

HOW WERE YOU REFERRED TO LERCH BATES? (Please include the name of the person if they are a current employee with Lerch Bates)

GENERAL INFORMATION

LIST JOB RELATED BUSINESS/PROFESSIONAL ORGANIZATIONS YOU ARE AFFILIATED WITH:

(Omit those indicating race, creed, sex, age, disability, national origin or other protected group.)

EXPECTED WAGE? DATE AVAILABLE FOR WORK? ARE YOU AVAILABLE TO WORK: [] FULL-TIME [] PART-TIME (less than 30 hours per week) [] OVERTIME [] TEMPORARY (less than 6 months)

IF YOU ARE UNDER THE AGE OF 18, CAN YOU PROVIDE PROOF OF AGE OR WORKER'S PERMIT UPON EMPLOYMENT? [] YES [] NO ARE YOU ABLE TO TRAVEL? [] YES [] NO

DO YOU POSSESS A VALID DRIVER'S LICENSE? [] YES [] NO Number _____ State _____ Exp. Date _____

REMINDER: Please ensure all information requested is provided. Your signature on the last page is your verification that the information is COMPLETE and ACCURATE.

EDUCATION

EDUCATION TYPE OF SCHOOL	NAME AND ADDRESS OF SCHOOL	MAJOR SUBJECT	# of YEARS ATTENDED	GRADUATED	DEGREE
Elementary				<input type="checkbox"/> YES <input type="checkbox"/> NO	
High School				<input type="checkbox"/> YES <input type="checkbox"/> NO	
College				<input type="checkbox"/> YES <input type="checkbox"/> NO	
Graduate School				<input type="checkbox"/> YES <input type="checkbox"/> NO	
Business, Trade, Other				<input type="checkbox"/> YES <input type="checkbox"/> NO	

EMPLOYMENT HISTORY

BEGIN WITH YOUR MOST RECENT EMPLOYMENT AND CONTINUE WITH PREVIOUS EMPLOYMENT (ATTACH ADDITIONAL SHEET IF NECESSARY)

EMPLOYER	FROM		DESCRIBE YOUR POSITION AND DUTIES	STARTING SALARY	REASON FOR LEAVING	NAME AND TITLE OF IMMEDIATE SUPERVISOR
	MO.	YR.				
NAME OF COMPANY						
ADDRESS	TO			ENDING SALARY		
CITY, STATE, ZIP						
PHONE NO.	TYPE OF BUSINESS			DO YOU AUTHORIZE US TO CONTACT YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO		

EXPLAIN ANY TIME PERIOD BETWEEN JOBS:

EMPLOYER	FROM		DESCRIBE YOUR POSITION AND DUTIES	STARTING SALARY	REASON FOR LEAVING	NAME AND TITLE OF IMMEDIATE SUPERVISOR
	MO.	YR.				
NAME OF COMPANY						
ADDRESS	TO			ENDING SALARY		
CITY, STATE, ZIP						
PHONE NO.	TYPE OF BUSINESS					

EXPLAIN ANY TIME PERIOD BETWEEN JOBS:

EMPLOYER	FROM		DESCRIBE YOUR POSITION AND DUTIES	STARTING SALARY	REASON FOR LEAVING	NAME AND TITLE OF IMMEDIATE SUPERVISOR
	MO.	YR.				
NAME OF COMPANY						
ADDRESS	TO			ENDING SALARY		
CITY, STATE, ZIP						
PHONE NO.	TYPE OF BUSINESS					

EXPLAIN ANY TIME PERIOD BETWEEN JOBS:

EMPLOYER	FROM		DESCRIBE YOUR POSITION AND DUTIES	STARTING SALARY	REASON FOR LEAVING	NAME AND TITLE OF IMMEDIATE SUPERVISOR
	MO.	YR.				
NAME OF COMPANY						
ADDRESS	TO			ENDING SALARY		
CITY, STATE, ZIP						
PHONE NO.	TYPE OF BUSINESS					

EXPLAIN ANY TIME PERIOD BETWEEN JOBS:

HAVE YOU EVER BEEN DISCHARGED FROM ANY EMPLOYMENT OR ASKED TO RESIGN?

NO YES

IF YES, PLEASE EXPLAIN:

ADDITIONAL EXPERIENCE OR QUALIFICATIONS

Summarize special skills and qualifications, volunteer activities, military experience, hobbies, employment or other activities related to the job you are seeking and which you would like to be considered in connection with your application for employment. (Exclude labor organizations and memberships that reveal race, color, religion, national origin, sex, age, disability, or other protected status.)

REFERENCES

Please include **only** individuals familiar with your work or skills ability.

NAME		OCCUPATION	BUSINESS PHONE
RESIDENCE	PHONE	TITLE	
NAME		OCCUPATION	BUSINESS PHONE
RESIDENCE	PHONE	TITLE	
NAME		OCCUPATION	BUSINESS PHONE
RESIDENCE	PHONE	TITLE	

NOTIFICATION AND AGREEMENT

Please read the following statements carefully before signing this application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information. Only those applications that are fully completed, signed and dated are considered valid. If you have any questions regarding this statement, please ask them before signing. Your application will be given consideration, but its receipt does not imply that you will be employed or an offer of employment has been made.

Have you ever been convicted of a felony? (Include any plea of "guilty" or "no contest.") (A conviction will not necessarily disqualify you for employment.) **YES** **NO** **If yes, please explain:** _____

I certify that all answers and statements I have made on this application (and other accompanying information document such as a resume or required documents) are true and complete without omissions. I understand that any falsification, misrepresentation or omission of fact on this application (or other accompanying such as a resume or required documents), or provided during any subsequent interview(s), will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered, and may result in my dismissal if discovered at a later date. **YES** **NO**

I understand that my employment is contingent upon me passing possible job-related employment test, background checks (MVR, criminal records, references, etc.), and possible job-related physical exam that may be required by Lerch Bates. By signing below, I hereby submit to such testing and background check(s). I agree to conform to all rules and regulations of Lerch Bates as they exist or are later modified. **YES** **NO**

I understand that this application, any verbal statements by management, or subsequent employment does not create an express or implied contract of employment nor guarantee employment for any definite period of time. Only the President of the organization has the authority to enter into an employment contract for a specified period and such agreement must be in writing, signed by the President and the employee. If employed, I understand that I have been hired at the will of the employer and my employment may be terminated at any time, with or without reason and with or without notice. **YES** **NO**

I acknowledge that I have read, understand, and agree with the above. In addition, I hereby authorize any of the persons of the organizations named in the application (or other accompanying or required documents) to give you complete information and records regarding my employment, education, character and qualifications. This application is valid for only sixty (60) days from the date signed. If I want to be considered for job openings more than sixty (60) days from the date signed, I will submit a new application. **YES** **NO**

DATE

SIGNATURE OF APPLICANT

SUPPLEMENTAL APPLICATION – Part 1

1. Lerch Bates is a people business with client service and satisfaction as one of its primary goals. How do you feel you can contribute to that goal? _____

2. Why do you want this job and how does it fit in with your future plans? _____

3. What did you like best about your last job? _____

4. What did you like least about your last job? _____

5. Think back to the supervisors that you have had in the past. Which one did you like the best and why? _____

6. Which supervisors have you disliked and why? _____

7. What made you angry or frustrated during previous employment? _____

8. Who is primarily responsible for your safety? _____

9. What are your professional development improvement needs and how will this be accomplished? _____

10. What do you think should be done about an employee who is not doing a fair share of the workload? _____

11. How do you define a productive work atmosphere? _____

