



Application For Employment

We are committed to providing equal opportunity in all of our employment practices including selection, hiring, promotion, transfer, discipline and compensation) to all qualified applicants and employees without regard to race, color, religion sex/gender, sexual orientation, national origin, citizenship status, age, disability, marital status, veteran status or any other category protected under the law. The Company prohibits and will not tolerate discrimination or harassment on any of these basis.

Please Print

Today's Date (month/day/year):		Resume: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Positions(s) Applied For:		Salary Desired:	
How Did You Learn About Us?			
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Walk-In	<input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Other
Name: <i>Last:</i>	<i>First Name:</i>	<i>Middle Name:</i>	
Address: <i>Street:</i>	<i>City:</i>	<i>State:</i>	<i>Zip Code:</i>
Telephone Number(s): <i>Home:</i>	<i>Cell:</i>	<i>Other:</i>	

If you are under 18 years of age, can you provide required proof of your eligibility to work?..... Yes No

Have you ever filed an application with us before?..... Yes No

If Yes, please provide a date: _____

Have you ever been employed with us before?..... Yes No

If Yes, please provide a date: _____

Are you currently employed?..... Yes No

May we contact your present employer?..... Yes No

Are you currently on "lay-off" status and subject to recall?..... Yes No

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Shift Work Temporary

Can you travel if a job requires it?..... Yes No

Have you ever been convicted of a felony? (A conviction will not necessarily disqualify an applicant from employment.) Yes No

If Yes, please explain: _____

Do you have reliable transportation to and from work?..... Yes No

Do you have a current, valid Driver's License?..... Yes No

Have you ever had any job-related training in the United States military?..... Yes No

If Yes, please describe: _____

Proof of citizenship or immigration status will be required upon employment.

Education

School Name and Location	Elementary School	High School	Undergraduate College/University	Graduate/Professional
Highest Year Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Course of Study				
Describe any specialized training, apprenticeship, skills and extra-curricular activities				
Describe any honors you have received				
State any additional information you feel may be helpful to us in considering your application				
Summarize special job-related skills and qualifications acquired from employment or other experiences				

Indicate below any foreign languages you can speak, read and/or write.

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

List professional, trade, business or civic activities and offices held. *(You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, handicaps or any other protected status):*

References

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1) _____

2) _____

3) _____

Employment Experience (Please list most recent first)

Employer	Length of Service: _____Yr(s) _____Month(s)
Address	
Telephone Number(s)	Hourly Rate/Salary: Starting- _____ Final- _____
Job Title	Work Performed:
Supervisor	
Reason For Leaving	

Employer	Length of Service: _____Yr(s) _____Month(s)
Address	
Telephone Number(s)	Hourly Rate/Salary: Starting- _____ Final- _____
Job Title	Work Performed:
Supervisor	
Reason For Leaving	

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Telephone Number(s)	Hourly Rate/Salary: Starting- _____ Final- _____
Job Title	Work Performed:
Supervisor	
Reason For Leaving	

Were there any lapses in employment?..... Yes No

If Yes, please provide dates and reasons for said lapses:

Date: _____ Reason: _____

Date: _____ Reason: _____

Date: _____ Reason: _____

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment to assist in the processing of my application. I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking, and using information to evaluate my employment request and all other persons, corporations or organizations who provide information for this purpose. I understand that if offered a position with this company I will be subject to take and pass a post offer drug screen and possibly a criminal background check if applicable.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arranged Interview?..... Yes No

If Yes, please provide: Date: _____ Time: _____ Interviewer: _____

Arranged Sewing/Cutting Test?..... Yes No

If Yes, please provide: Date: _____ Time: _____ Tester: _____

Remarks: _____

Employed: Yes No Start Date: _____

LAIL

Job Title

Hourly Rate/Salary

Hired By

Date

Pre-Screening Checklist

This check list along with the job description is intended to ensure that the applicant understands the essential job duties of the position and has the ability to perform them.

FUNCTION

LENGTH OF TIME

Please check one box for each function

STANDING:

- Standing in small area..... Occas. 0-4 hrs. 4-8 hrs. 8+ hrs.
- Standing and moving about in a small area..... Occas. 0-4 hrs. 4-8 hrs. 8+ hrs.
- Standing and moving about in a large area..... Occas. 0-4 hrs. 4-8 hrs. 8+ hrs.

LIFTING/PUSHING ABOVE WAIST:

- Lift 20 lbs. and/or less..... Occas. 0-4 hrs. 4-8 hrs. 8+ hrs.
- Lift 30 lbs. and/or less..... Occas. 0-4 hrs. 4-8 hrs. 8+ hrs.
- Lift 40 lbs. and/or less..... Occas. 0-4 hrs. 4-8 hrs. 8+ hrs.
- Lift 50 lbs. and/or less..... Occas. 0-4 hrs. 4-8 hrs. 8+ hrs.
- Lift 75 lbs. and/or less..... Occas. 0-4 hrs. 4-8 hrs. 8+ hrs.
- Lift 100 lbs. and/or less..... Occas. 0-4 hrs. 4-8 hrs. 8+ hrs.

LIFTING/PUSHING ABOVE SHOULDERS:

- Lift 20 lbs. and/or less..... Occas. 0-4 hrs. 4-8 hrs. 8+ hrs.
- Lift 30 lbs. and/or less..... Occas. 0-4 hrs. 4-8 hrs. 8+ hrs.
- Lift 40 lbs. and/or less..... Occas. 0-4 hrs. 4-8 hrs. 8+ hrs.
- Lift 50 lbs. and/or less..... Occas. 0-4 hrs. 4-8 hrs. 8+ hrs.

HANDS, ARMS & WRISTS:

- Pushing Down/Applying Pressure..... Occas. 0-4 hrs. 4-8 hrs. 8+ hrs.
- Pulling..... Occas. 0-4 hrs. 4-8 hrs. 8+ hrs.
- Stretching..... Occas. 0-4 hrs. 4-8 hrs. 8+ hrs.
- Pinching..... Occas. 0-4 hrs. 4-8 hrs. 8+ hrs.
- Squeezing..... Occas. 0-4 hrs. 4-8 hrs. 8+ hrs.

BENDING:

- Bending movement at waist..... Occas. 0-4 hrs. 4-8 hrs. 8+ hrs.
- Bending movement by squatting at the knees and bending at the waist..... Occas. 0-4 hrs. 4-8 hrs. 8+ hrs.

STRETCHING:

- By extending arms/waist..... Occas. 0-4 hrs. 4-8 hrs. 8+ hrs.

REACHING:

- Above head..... Occas. 0-4 hrs. 4-8 hrs. 8+ hrs.

CLIMBING:

- Stairs or Ladders..... Occas. 0-4 hrs. 4-8 hrs. 8+ hrs.

Applicant's name (Please print) _____

Applicant's signature _____

Date _____

I understand that Legendary Auto Interiors, Ltd. is an "at-will" employer, meaning that my employment has no specified term and that the employment relationship may be terminated any time at the will of either party on notice to the other. I also realize that Legendary Auto Interiors, Ltd is opting to provide me with corrective action measures, and can terminate such corrective measures at any time, solely at its own discretion, and that the use of progressive discipline will not change my at-will employment status.

Applicant Signature: _____ Date: _____