



LP Services LLC



Employment Application

Please Print your name and social security number as they appear on your social security card.

Last Name		First Name		Middle Name	Suffix	Social Security Number	
Address		City		State	Zip	Primary Phone #	Type: __ Home __ Cell
Mailing Address (If different)		City		State	Zip	Secondary Phone #	Type __ Home __ Cell
Email Address				Secondary Email Address			
EMPLOYMENT HISTORY-BEGIN WITH MOST RECENT							
From-Month/Year	To-Month Year	Company Name			City/State/Zip		Telephone#
Company Industry	Supervisor Name and Title	Starting Job Title	Ending Job Title	Starting Pay	Ending Pay	Time in Position	
Duties							
From-Month/Year	To-Month Year	Company Name			City/State/Zip		Telephone#
Company Industry	Supervisor Name and Title	Starting Job Title	Ending Job Title	Starting Pay	Ending Pay	Time in Position	
Duties							
From-Month/Year	To-Month Year	Company Name			City/State/Zip		Telephone#
Company Industry	Supervisor Name and Title	Starting Job Title	Ending Job Title	Starting Pay	Ending Pay	Time in Position	
Duties							
EDUCATION/TRAINING SUMMARY							
High School Graduate?	__ Yes __ No __ GED						
Undergraduate/Graduate/Technical School	From	To	Major/Studies/Training		GPA	Degree or Certificates	Graduate Date

ELIGIBILITY

Are you authorized to work in the USA? __ Yes __ No	Do you have proof of authorization? __ Yes __ No	Are you at least 18 years old? __ Yes __ NO
--	---	--

REFERENCES (other than family members)

NAME	COMPANY	POSITION/TITLE	RELATIONSHIP	TELEPHONE #	EMAIL ADDRESS

SKILLS

What type(s) of jobs you are looking for ?	
What languages can you speak?	

AVAILABILITY

Are you currently employed? __ Yes __ No	Applying for: __ Full Time __ Part Time	Are you will to work overtime? __ Yes __ No
Shifts you can work: __ Days __ Evenings __ Midnight __ Rotating __ Split		
Days you can work: __ Monday __ Tuesday __ Wednesday __ Thursday __ Friday __ Saturday __ Sunday		
Do you have reliable transportation to get to and from work? __ Yes __ No		

SALARY EXPECTATIONS

Income Expected?	Minimum Income required?	Maximum commute distance?	How much time are you willing to travel? __ 0-20% __ 20-40% __ 40>
------------------	--------------------------	---------------------------	---

EMERGENCY CONTACT INFORMATION

Name:	Doctor to Notify:	
Home Telephone	Work Telephone	Cell phone
Name:	Doctor to Notify:	
Home Telephone	Work Telephone	Cell phone

Application Agreement

I understand that the information provided on this application will be used only for consideration of my employment with LP Services LLC. I affirm that the statements made on this application , including all statements concerning pervious employment and education are true and complete. I authorize LP Services LLC to investigate any and all statements contained in any part of this application. I understand that any false statement, omission of fact, or misrepresentation of facts on this application or other forms provided by LP Services will be grounds for termination.

I understand that completing this form does not constitute an offer of employment or and employment agreement between me and LP Services LLC.

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability or veteran status.

Applicant Signature: _____ Date: _____