



# EMPLOYMENT APPLICATION

Position(s) Preferred: 1. \_\_\_\_\_ 2. \_\_\_\_\_ Salary \_\_\_\_\_  
 Expected \$ \_\_\_\_\_  
 Note: If any clause(s) contained herein is found to be unenforceable due to applicable law, such clause(s) is deemed stricken.

**PERSONAL**

Name \_\_\_\_\_  
Last Nickname First Middle

Social Security Number \_\_\_\_\_

Current Address \_\_\_\_\_  
Number & Street City State Postal Code

Telephone: Home \_\_\_\_\_ Office \_\_\_\_\_ Mobile \_\_\_\_\_

E-Mail \_\_\_\_\_

**REFERRAL SOURCE**

Linc Staffing Specialist \_\_\_\_\_  Relative \_\_\_\_\_  
Name Name

Advertisement  Friend \_\_\_\_\_  Other \_\_\_\_\_  
Name Name

**EDUCATION**

	School & Location	Course	Grade Avg.	Grade Comp.	Degree
High School	_____	_____	_____	_____	_____
College	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____

List extracurricular activities, clubs, and/or other honors:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

List other industry study, postgraduate education, seminars, military training, etc. which would be applicable to position(s) applied for:  
Dates  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**MILITARY SERVICE**

Branch \_\_\_\_\_ Dates Served (From) \_\_\_\_\_ (To) \_\_\_\_\_  
 Highest Rank \_\_\_\_\_ Job \_\_\_\_\_

**EMPLOYMENT HISTORY****(Begin with current or last employer)**

Employer's Name \_\_\_\_\_

Address \_\_\_\_\_ Telephone (        ) \_\_\_\_\_

Employment Dates (From) \_\_\_\_\_ (To) \_\_\_\_\_ Final Earnings \$ \_\_\_\_\_ per

Reason(s) for Leaving \_\_\_\_\_

**Your Job:** Describe below your exact function in the organization. Also specify significant accomplishments and list noteworthy achievements while in this position.

\_\_\_\_\_

\_\_\_\_\_

Fill in your manager's name and title, the names and titles of the jobs and people (if any) most closely associated with you, and the names and titles of your subordinates (if any).

NOTE: THEY WILL NOT BE CONTACTED WITHOUT YOUR PERMISSION.

Name	<input type="text"/>	<input type="text"/>	<b>Your Manager</b>	<input type="text"/>	<input type="text"/>
Title	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	<input type="text"/>	<input type="text"/>	<b>Your Job</b>	<input type="text"/>	<input type="text"/>
Title	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**EMPLOYMENT HISTORY****(continued)**

Employer's Name \_\_\_\_\_

Address \_\_\_\_\_ Telephone (        ) \_\_\_\_\_

Employment Dates (From) \_\_\_\_\_ (To) \_\_\_\_\_ Final Earnings \$ \_\_\_\_\_ per

Reason(s) for Leaving \_\_\_\_\_

**Your Job:** Describe below your exact function in the organization. Also specify significant accomplishments and list noteworthy achievements while in this position.

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Title	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	<input type="text"/>	<input type="text"/>	<b>Your Job</b>	<input type="text"/>	<input type="text"/>
Title	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**EMPLOYMENT HISTORY**

(continued)

Employer's Name \_\_\_\_\_

Address \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Employment Dates (From) \_\_\_\_\_ (To) \_\_\_\_\_ Final Earnings \$ \_\_\_\_\_ per

Reason(s) for Leaving \_\_\_\_\_

**Your Job:** Describe below your exact function in the organization. Also specify significant accomplishments and list noteworthy achievements while in this position.

Fill in your manager's name and title, the names and titles of the jobs and people (if any) most closely associated with you, and the names and titles of your subordinates (if any).

NOTE: THEY WILL NOT BE CONTACTED WITHOUT YOUR PERMISSION.

Name			<b>Your Manager</b>		
Title					
Name			<b>Your Job</b>		
Title					
Name					
Title					

**OTHER EXPERIENCE, SKILLS, QUALIFICATIONS**

List below any other experience, skills, or qualifications, etc. which you feel qualify you for the position(s) you seek:

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Professional Licenses and Certificates:

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**REFERENCES**

(Three persons who know you on a business basis.)

1. Name: \_\_\_\_\_ Association: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Association: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Association: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

## MISCELLANEOUS

1. List your recreational activities/interests: \_\_\_\_\_  
\_\_\_\_\_
2. What is your ultimate career goal? \_\_\_\_\_  
\_\_\_\_\_

3. **If applying for a service/construction position,** are you able to perform, with or without reasonable accommodation, manual service/construction activities including:

- lifting and carrying objects weighing up to forty (40) pounds? \_\_\_\_\_ No \_\_\_\_\_ Yes
- reaching for, pushing and pulling construction materials and equipment? \_\_\_\_\_ No \_\_\_\_\_ Yes
- climbing ladders and stairs? \_\_\_\_\_ No \_\_\_\_\_ Yes
- traversing rough and uneven surfaces? \_\_\_\_\_ No \_\_\_\_\_ Yes
- standing, balancing, walking, kneeling, crawling, stooping, twisting and squatting to access construction and equipment areas and to complete construction/service tasks? \_\_\_\_\_ No \_\_\_\_\_ Yes
- responding to audio/visual warnings and alarms? \_\_\_\_\_ No \_\_\_\_\_ Yes

- responding to verbal warnings and instructions? \_\_\_\_\_ No \_\_\_\_\_ Yes
- communicating verbal warnings and instructions? \_\_\_\_\_ No \_\_\_\_\_ Yes
- **Do you have the means to travel to various construction/service sites?** \_\_\_\_\_ No \_\_\_\_\_ Yes

**If applying for an administrative/support position,** are you able to perform, with or without reasonable accommodation, office activities including:

- lifting and carrying objects weighing up to ten (10) pounds? \_\_\_\_\_ No \_\_\_\_\_ Yes
- sitting for extended periods of time up to eight (8) hours? \_\_\_\_\_ No \_\_\_\_\_ Yes
- operating office equipment such as telephones, copy machines, typewriters and computer keyboards? \_\_\_\_\_ No \_\_\_\_\_ Yes
- accessing filing cabinets? \_\_\_\_\_ No \_\_\_\_\_ Yes

4. Are you willing to travel? \_\_\_\_\_ No \_\_\_\_\_ Yes What percent of the time? \_\_\_\_\_
5. Are you willing to relocate? \_\_\_\_\_ No \_\_\_\_\_ Yes Any geographic limitations? \_\_\_\_\_  
Any preferences? \_\_\_\_\_
6. Have you ever been convicted of a felony? \_\_\_\_\_ No \_\_\_\_\_ Yes *(Conviction of a crime will not automatically disqualify from employment)*

## IMPORTANT

I understand, in completing this application for employment, an investigative report shall be made whereby information is obtained through personal interviews with third parties, such as family members, business associates, financial sources, academicians, friends, neighbors, or others with whom I am acquainted. This investigation will be conducted in accordance with the regulations of the Equal Employment Opportunity Commission.

I understand that my employment with a Linc Service® Contractor, should I be offered employment, will not begin until I have proven that I am authorized to work in the United States. In addition employment is deemed to be at the will of both the employer and employee and may be terminated by either party.

My signature below indicates that I have read and understand the preceding items and that I have made true and accurate statements of fact to the best of my knowledge on this application and any supplements to it. I further understand that any misrepresentation or falsification will be considered just cause for rejection of this application or dismissal from employment. I understand that I will be required to sign a Confidentiality Agreement relevant to the business operation and activities of my employer.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### COMPLETE THE FOLLOWING IF THIS IS A REFERRAL REGISTRATION APPLICATION ONLY:

ON \_\_\_\_\_ (Date) I SENT A COPY OF THIS APPLICATION TO MY GENERAL MANAGER, \_\_\_\_\_ (Name). I HEREBY AUTHORIZE THE LINC CORPORATION TO FORWARD COPIES OF THIS APPLICATION TO ANY INQUIRING POTENTIAL EMPLOYER IN THE LINC FRANCHISE SYSTEM.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*An Equal Opportunity Employer that employs, promotes and in all ways accords persons equal treatment without consideration to race, color, creed, sex, national origin or disability.*