

**HOURLY EMPLOYMENT APPLICATION**

Applicant Name: \_\_\_\_\_

Referred By: \_\_\_\_\_



**LIPPERT COMPONENTS, INC.**

**CONFIDENTIAL**

AN EQUAL OPPORTUNITY EMPLOYER, M/F

**PERSONAL DATA**

DATE APPLICATION SUBMITTED: \_\_\_\_\_

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

Address \_\_\_\_\_ How Long: \_\_\_\_\_  
Years Months

Telephone No. ( ) \_\_\_\_\_ Social Security No. \_\_\_\_\_ Are You Over 18? \_\_\_\_\_

Do you have the legal right to work in the U.S. \_\_\_\_\_ (The Immigration Reform and Control Act of 1986 requires verification of work authorization and identity documents prior to employment.)  
Yes / No

If hired, do you have a reliable method of transportation to work? \_\_\_\_\_ Type \_\_\_\_\_

Overtime work is a requirement. Will you work overtime when requested?  Yes  No

Person through whom you may be contacted if you move or in the event of an emergency:

( ) \_\_\_\_\_  
Name Address Home Phone  
 ( ) \_\_\_\_\_  
City / State Zip Code Work Phone

**EDUCATION** (Circle highest year completed)

GRADE SCHOOL HIGH SCHOOL COLLEGE  
 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4

**PREVIOUS EMPLOYMENT RECORD** (Start with present or last employer)

Company Name	Dates Employed		Job Title and Nature of Work	Reason for Leaving	Wage
	From	To			
Name _____ Address _____ City _____ State _____ Supervisor's Name _____ Phone Number _____	Mo. Yr.	Mo. Yr.	Job Title: _____ Nature of Work _____	<input type="checkbox"/> Quit Voluntarily <input type="checkbox"/> Discharged <input type="checkbox"/> Laid-Off Why? _____	Starting: _____ Ending: _____
Name _____ Address _____ City _____ State _____ Supervisor's Name _____ Phone Number _____	Mo. Yr.	Mo. Yr.	Job Title: _____ Nature of Work _____	<input type="checkbox"/> Quit Voluntarily <input type="checkbox"/> Discharged <input type="checkbox"/> Laid-Off Why? _____	Starting: _____ Ending: _____
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**MISCELLANEOUS**

Have you ever been convicted of a crime other than a routine traffic violation? \_\_\_\_\_. If yes, please explain. (not an automatic bar to employment, all circumstances will be considered) \_\_\_\_\_

## SPECIFIC WORK EXPERIENCE

Job(s) for which you are applying

General Labor

Welder

Transportation

Maintenance

Fabricator

Office/Clerical

Please answer all questions below which apply to the job you desire.

### ALL APPLICANTS

Can you read a tape measure?

Yes  No

Can you read simple blue prints and/or shop drawings?

Yes  No

Do you have experience working with production - line machinery and equipment?  
(ex. - shears, presses, lathes, grinders, etc.)

Yes  No

If so, what type of experience do you possess? \_\_\_\_\_

Are you familiar with the set-up, changeover, or repair of production-line machinery?

Yes  No

### WELDING APPLICANTS

What type of production-based welding and assembly experience do you possess?

Mobile Home Frame

RV Frame

5th Wheel Assembly

Travel Trailer

Utility Trailer

Dumpster

Landing Gear

Hydraulic Unit

Years Experience? \_\_\_\_\_ Other special skills/certifications? \_\_\_\_\_

### TRANSPORTATION APPLICANTS

Do you possess a Commercial Drivers License in good standing? .

Yes  No

- Be advised that your Motor Vehicle Record (MVR) will be evaluated as a condition of employment.

- LCI checks MVR's on a regular basis. LCI also follows all Federal DOT Drug Testing regulations.

What type(s) of specialized delivery experience do you possess? \_\_\_\_\_

Years Experience? \_\_\_\_\_

List all vehicles you are qualified and/or certified to operate (ex. - semi tractor, fork lift truck, heavy construction equipment, etc.) \_\_\_\_\_

What experience(s) with load security, load weight distribution, and loading/unloading of vehicles do you possess? \_\_\_\_\_

