

**EMPLOYMENT APPLICATION**

Employer:           Lingis Manufacturing & Machine Co., Inc.  
Address:           613 Browns Creek Road  
City/State/Zip:    Sycamore, Pennsylvania 15364  
Telephone:         (724)627-5639  
Fax:                1-866-473-1257  
Email:             Sales@lingismfg.com

It is the policy of Lingis Manufacturing & Machine Co., Inc. to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

Applicant Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Number of years at this address: \_\_\_\_\_  
Daytime phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_

Who should be contacted if you are involved in an emergency?  
Contact Name: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Daytime phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_  
Job Position Applied For: \_\_\_\_\_

Salary Desired: \$ \_\_\_\_\_ per \_\_\_\_\_

Referral Source: Who referred you to our company?  
\_\_\_\_\_

Have you applied to our company previously?    \_\_\_\_\_ Yes        \_\_\_\_\_ No  
If yes, when? \_\_\_\_\_

Are you at least 18 years old?    \_\_\_\_\_ Yes        \_\_\_\_\_ No

How will you get to work? \_\_\_\_\_

Driver's License Number: \_\_\_\_\_  
What state issued your license? \_\_\_\_\_

Are you willing to work any shift, including nights and weekends? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If no, please state any limitations:  
\_\_\_\_\_

If you are offered employment, when would you be available to begin work?

\_\_\_\_\_

Are you legally eligible for employment in the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been convicted of a crime? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes please explain \_\_\_\_\_

Are you able to perform the essential functions of the job position with or without reasonable accommodation? \_\_\_\_\_ Yes \_\_\_\_\_ No

What reasonable accommodation, if any, would you require?

\_\_\_\_\_

Applicant Employment History: List your current or most recent employment first.

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Dates of Employment (Month/Year): \_\_\_\_\_

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Dates of Employment (Month/Year): \_\_\_\_\_

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Dates of Employment (Month/Year): \_\_\_\_\_

Applicant's Education and Training: List your education and training.

High School Name and Address

\_\_\_\_\_

Last Grade? \_\_\_\_ 9 \_\_\_\_ 10 \_\_\_\_ 11 \_\_\_\_ 12      Diploma? \_\_\_\_\_ Yes \_\_\_\_\_ No

College Name and Address

\_\_\_\_\_

Did you receive a degree? \_\_\_\_\_ Yes \_\_\_\_\_ No      If yes, degree received:

\_\_\_\_\_

Other Training (graduate, technical, vocational):

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Awards, Honors, Special Achievements:

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Applicant's Skills: Check those skills that you have. List any other skills that may be useful for the job you are seeking. Enter the number of years of experience, and circle the number which corresponds to your ability for each particular skill. (One represents poor ability, while five represents exceptional ability.)

Ability or Skill	Years of Experience	Rating				
<input type="checkbox"/> Welding	_____	1	2	3	4	5
<input type="checkbox"/> Fabrication	_____	1	2	3	4	5
<input type="checkbox"/> Machining	_____	1	2	3	4	5
<input type="checkbox"/> Truck Driving	_____	1	2	3	4	5
_____	_____	1	2	3	4	5
_____	_____	1	2	3	4	5

References: List any two people who would be willing to provide a reference for you.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Please provide any other information that you believe should be considered:

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**CERTIFICATION**

I certify that the information provided on this Application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my Application, or if employment commences immediate termination.

I authorize Lingis Manufacturing & Machine Co., Inc. to thoroughly investigate my work and personal history. I understand that the information supplied by me, regarding my: Employment History, Education (including any authorization to release transcripts), Criminal History, Motor Vehicle Record(s), Residence History, and References, will be utilized as part of the processing procedures. A background check will be conducted to verify the veracity of the information submitted and will be utilized to develop information concerning my character and general reputation. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education. I will hold no person or entities liable for giving or receiving information in this investigation. I release and indemnify Lingis Manufacturing & Machine Co., Inc. against any liability from conducting this background check.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its Owner, the employment relationship will be entirely voluntary in nature. In other words, with appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer would have the same right. Moreover, no agent, representative, or employee of Lingis Manufacturing & Machine Co., Inc., except in a specific written contract of employment signed on behalf of the organization by its Owner, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE