

LWRC INTERNATIONAL
815 CHESAPEAKE DRIVE
CAMBRIDGE, MD 21613
Employment Application

APPLICANT INFORMATION			
Last Name		First	M.I. Date
Street Address			Apartment/Unit #
City		State	ZIP
Phone		E-mail Address	
Date Available	Social Security No.		Desired Salary
Position Applied for			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES ___ NO__
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain

Driver's License Number & State _____ Date of Birth (Optional) _____

EDUCATION			
High School		Address	
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/> Degree
College		Address	
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/> Degree
Other		Address	
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/> Degree

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT

Company

Phone ()

Address

Supervisor

Job Title

Starting Salary \$

Ending Salary \$

Responsibilities

From

To

Reason for Leaving

May we contact your previous supervisor for a reference?

YES NO

Company

Phone ()

Address

Supervisor

Job Title

Starting Salary \$

Ending Salary \$

Responsibilities

From

To

Reason for Leaving

May we contact your previous supervisor for a reference?

YES NO

Company

Phone ()

Address

Supervisor

Job Title

Starting Salary \$

Ending Salary \$

Responsibilities

From

To

Reason for Leaving

May we contact your previous supervisor for a reference?

YES NO

Specialized Skills (Check skills and/or equipment operated)

 PC Fax Measuring Tools (calipers, etc.) Typewriter Microsoft Office Blueprint Reading Copier ERP Systems CNC Machines Scanner Manual Machines Welding

Production/Mobile Machinery:

Other:

Provide any additional information you think may be helpful to us in considering your application. Describe any specialized training, apprenticeship, skills or extra-curricular activities.

Note to Applicants: DO NOT ANSWER THE FOLLOWING QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied?

YES
NO

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

Emergency Contact Information

1. Name: _____ Relationship: _____

Address: _____
Street Address City State Zip Code

Phone #: (____) _____ (Home) (____) _____ (Work) (____) _____ (Cell)

Emergency Contact Information

2. Name: _____ Relationship: _____

Address: _____
Street Address City State Zip Code

Phone #: (____) _____ (Home) (____) _____ (Work) (____) _____ (Cell)

In case of emergency are there any health conditions we should know about or that you would like us to share with the emergency personnel? (THIS SECTION IS OPTIONAL)

DISCLAIMER AND SIGNATURE

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

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I understand and agree that background inquiries may be requested by LWRCI that will seek information as to my character, work habits, including oral assessments of my job performance, experiences and abilities, along with reasons for termination of past employment. Furthermore, I understand and agree that you may request information from various federal, state, and other agencies, including public and private sources which maintain records concerning my past activities relating to my driving record, credit history, criminal record, civil matters, previous employment, educational background, and other past experiences.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the associate may resign at any time and the employer may discharge the associate at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

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.

LWRCI IS A DRUG-FREE WORK PLACE. ALL NEW PERSONNEL MUST, AS A CONDITON OF EMPLOYMENT, SUBMIT TO A DRUG AND ALCOHOL TEST IN ACCORDANCE WITH OUR SUBSTANCE ABUSE POLICY. A POSITIVE RESULT WILL DISQUALIFY THE CANDIDATE FOR AN OFFER OF EMPLOYMENT.

Signature

Date

FOR HUMAN RESOURCES DEPARTMENT USE ONLY

Arrange Interview ___Yes ___No

Remarks:

Employed ___Yes ___No

Date of Employment _____

Job Title _____

Hourly Rate _____

Department _____

Salary _____

By _____

Signature and Title

Date