

APPLICATION FOR EMPLOYMENT

— LPM SERVICES, LLC.

7 ANNGINA DRIVE ENFIELD, CT 06082

Applications for employment are considered without regard to race, color, religion, sex, marital status, national origin, age or handicap. Also, it is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liabilities.

Position(s) Applied for :

Date of Application:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y

Referral Source : Friend Walk-In Relative Employment Agency Other: _____

Date you would be available for employment:

PERSONAL INFORMATION

Name :

Full Address :

Telephone : SSN :

Are you under 18? : Yes No

If under 18 & employed, can you furnish a work permit? : Yes No

Have you filed an application here before? : Yes No If yes, give a date :

Have you been employed here before? : Yes No If yes, give a date :

Are you employed now : Yes No May we contact your present employer? : Yes No

Can you travel if your job requires it? : Yes No

Are you on lay-off subject to recall? : Yes No

Are you physically able to perform all job related functions? : Yes No

In Case of Emergency Notify:

Name

Relation

Phone

REFERENCES: Three references who are not related to you and are not previous employers.

Name

Address

Phone

Name

Address

Phone

Name

Address

Phone

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VOLUNTEER WORK

List any verified work performed on a volunteer basis :

Blank area for listing volunteer work, consisting of six horizontal light blue bars.

EDUCATION

	High	College/University	Graduate/Professional
Name of School			
Years Completed			
Specialized training, apprenticeship, skills, extra-curricular activities			

THANK YOU FOR YOUR INFORMATION

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EMPLOYMENT HISTORY

Begin with your present or last job. Include military service assignments and any verified work performed on a volunteer basis. Exclude organizations names which indicate race, color, religion, sex or national origin.

Employer	Address	Dates Employed	Work Performed
Job Title	Hourly Rate/Salary	Supervisor Name & Number	Reason for Leaving

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If you need additional space, please continue on a separate piece of paper.

Attendance record at prior employment:

Check # of days absent last year.

Below 5

Below 10

Below 15

Above 15

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PERMISSION TO DO EMPLOYMENT CREDIT REPORT

The employer who had given you this form wants to do a credit check on you as part of the employment process. Federal law, 15 U.S. Code 1681, et seq., allows employment credit checking for the limited purpose of hiring, transfer, retention or promotion. That law places certain requirements on employers. First, they must obtain written permission from you to do the credit check. If something is found that could cause an adverse action to be taken, the employer must give you a copy of the consumer report including information on your federal law rights regarding credit reports. If they take an adverse action, they will give you a form advising you of that fact. Your signature below authorizes this employer to do the credit check.

The agency chosen to do the credit check is the Employment Screening Service of Massachusetts, Feeding Hills, MA 0 1030 (ESSNASS). ESSMASS in turn uses the credit reporting facilities of their sister company The Info Center, Inc. also of Feeding Hills, MA. They will check many sources of information about you. Among these sources may be: retail credit reports, rental history, criminal records, driving records, financial, legal, medical, military or naturalization records, previous employers, professional certifications, and educational verifications. If any state laws apply to this consumer report, they are listed on the reverse side of this sheet.

Release And Authorization

I hereby authorize any employer, law enforcement agency, state agency, institution or credit information bureau or other agency that has information or knowledge of me to provide that information to the Employment Screening Service of Massachusetts, Inc (ESSMASS). Specific permission is granted to any state or federal agency including, but not limited to any states Workman's Compensation Boards, Registry or Department of Motor Vehicles and any educational institution to release information on me to ESSMASS. This authorization shall be valid one year from the date signed and a photographic copy or facsimile transmission shall be as valid as the original. The following information is complete and accurate. I understand that a credit investigation will be completed and that false or misleading statements are sufficient grounds for the denial of my application.

First Name :

Full Address :

Telephone : SSN :

Date of Birth:

Drivers License # :
D D M M Y Y Y Y

Signature Of Applicant

Date



More Information :
7 Anngina Drive Enfield, CT 06082
+860-746-8833 (Office) / cconnor@lessardservices.com
www.lessardservices.com

THANK YOU FOR YOUR INFORMATION