



APPLICATION FOR EMPLOYMENT

We are an Equal Opportunity Employer

(No discrimination on the basis of age, race, color, religion, sex, national origin, disability, veteran or other protected status)

POSITION APPLIED FOR

Position Title	Location Lancaster, TX	Date
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PERSONAL INFORMATION

Name (Last, First, Middle Initial)			
Address (Street, City, State, Zip Code)			
Home Phone #	Cell Phone #	Work Phone #	E-mail Address
How did you find out about this job opening?			
<input type="checkbox"/> Web Page (identify) _____		<input type="checkbox"/> Newspaper/Journal Ad (identify)	
<input type="checkbox"/> Referral		<input type="checkbox"/> Job Service	<input type="checkbox"/> Other
Have you ever applied with this company before? Yes No When?			
Are you 18 years or older? Yes No			
Have you ever been convicted of a felony? Yes No A conviction will not necessarily disqualify you for employment.			
Are you employed now? Yes No If so, may we contact your employer? Yes No			
Are you authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>If employed, you must show documents that prove your identity and employment eligibility as required by the Immigration Reform and Control Act of 1986.</i>			
Minimum Acceptable Salary?		Date Available for Employment?	

YOU ARE SUBJECT TO MEDICAL & DRUG TESTING AT ANY TIME WITH THIS COMPANY

EDUCATION – List most recent first

	Name of School	Date Attended From To	Type of Degree	Major / Hours
College				
High School				
Trade, Business or Correspondence				

EMPLOYMENT HISTORY – List all employment including military and volunteer service **starting with the most current position held**. Show employment history for at least 10 years or from the time you left school. Explain gaps in employment history. You may attach a resume, **but you must complete the employment section**. This information will be used in **reference** checks.

Dates Employed (month/year) From: _____ To: _____		Position Title	
Salary Start: \$ _____ hour Final: \$ _____ hour		Organization Name/Address	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, hrs/wk _____			
May we contact for references <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name/Title/Phone:	Reason For Leaving:
Duties:			
Dates Employed (month/year) From: _____ To: _____		Position Title	
Salary Start: \$ _____ hour Final: \$ _____ hour		Organization Name/Address	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, hrs/wk _____			
May we contact for references <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name/Title/Phone:	Reason For Leaving:
Duties:			
Dates Employed (month/year) From: _____ To: _____		Position Title	
Salary Start: \$ _____ hour Final: \$ _____ hour		Organization Name/Address	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, hrs/wk _____			
May we contact for references <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name/Title/Phone:	Reason For Leaving:
Duties:			
Dates Employed (month/year) From: _____ To: _____		Position Title	
Salary Start: \$ _____ hour Final: \$ _____ hour		Organization Name/Address	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, hrs/wk _____			
May we contact for references <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name/Title/Phone:	Reason For Leaving:
Duties:			

- I am familiar with the mental and physical requirements of the job for which I am applying.
- I certify that I am able to perform the tasks required (with or without accommodation) in the job for which I am applying.
- I request the following accommodation to explain, demonstrate, or continue the employment application process.

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified or misleading statements or omission of facts on this application may result in dismissal.

I authorize investigation of all statements contained herein and the references listed above (as well as other sources at management's discretion, including those related to character and credit records) to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand that my job offer may be conditional upon information obtained after the offer is made. I understand that employment with this company is "AT WILL," which means that (if hired) my employment is for no definite period and may, regardless of the date of payment of my wages and/or salary, be terminated at any time without any prior notice, and with or without explanation or reason. Wages will cease immediately upon termination of employment. I will not rely on any oral or written statements to the contrary unless IN WRITING and signed by an authorized official of the Company. Any legal action I may bring against the company regarding terms and conditions of employment must be initiated and maintained in the court of jurisdiction nearest the home office of the Company.

Applicant's
Signature: _____ Date _____

DO NOT WRITE BELOW THIS LINE

Interviewed by: _____

Notes:

Hired {yes} {no}

Report
to: _____

Date to
report: _____

Approved by: Employment Manager
Department Head
General Manager

This application will remain active for 45 days. If you desire continued consideration for employment, you may need to reapply after that time.



APPLICANT STATEMENT

1. I certify and agree that: Any misrepresentation (deliberate or otherwise) or omission of facts or information in my application or interview may be justification for refusal of employment. This application is a sincere effort to obtain employment and for no other purpose. If I am employed, falsification or omission of any information may result in termination. If offered employment, I understand that the offer may be conditional upon verification of information I provide, the satisfactory completion of drug screening, as well as other information obtained by the Company.
2. In applying for employment I understand that the Company may make a thorough investigation of my entire work and personal history (including credit checks and criminal background), and may verify all data given in my application for employment, related papers, or oral interviews. I authorize such investigation and the giving and receiving of any information requested by the Company, and I release from liability any person giving or receiving such information. I understand that falsification of data given or any derogatory information discovered as a result of this investigation may prevent my being hired, or if hired, may subject me to immediate dismissal if the company considers such information to be pertinent to employment.
3. I agree that my employment may be terminated by the Company with or without cause at any time without liability whatsoever, except for wages for salary as may have been earned at the date of termination. If requested by management, I authorize any physician, hospital, clinic, or laboratory to release any information that may be necessary to determine my ability to satisfactorily perform the duties of a job I am being considered for, prior to employment, or in the future during my employment with the Company.
4. I understand that management may make efforts to accommodate individual preferences, but that business needs may make the following conditions mandatory: Overtime, Out-of-Town Travel, Shift Work, Rotating Work Schedule, or a work schedule other than Monday through Friday. I understand and accept these as conditions of my employment or continued employment.

I understand that no employment contract is being offered or created at this time. No employee has a contract of employment with this Company unless it is IN WRITING and signed by an authorized officer of the Company. I also understand that if I am employed, my employment will be for an indefinite period of time, and that the Company can change wages, benefits, and conditions of employment at any time, with or without notice, and without prior approval of any employee or employee group, and that any legal action regarding my employment must be initiated and maintained in the court of jurisdiction nearest the home office of the Company.

I have read and understand this paper, and I have had the opportunity to ask for explanations of any portion I may not have understood.

Signature

Date



**LGS TECHNOLOGIES VOLUNTARY CONSENT FORM
MEDICAL EXAMINATION AND LABORATORY ANALYSIS TESTS**

LGS is committed to providing a safe and efficient workplace for all employees. Experience has shown that the abuse of alcohol, drugs, illegal inhalants and other intoxicants is harmful to individual and Company goals and productivity. Therefore the Company has initiated efforts to prevent the harmful and/or illegal use of such substances. These policies apply to all current and future employees of the Company, and violations may result in disciplinary action up to and including termination.

The possession, sale, or consumption of alcohol on Company premises and/or working under the influence of alcohol is absolutely prohibited. The possession, sale or use of illegal drugs, or controlled substances without a prescription (or in amounts exceeding on prescription) at any time is prohibited. Applicants and employees may be requested at any time, as a condition of employment to submit to alcohol/drug testing. Furthermore, Longhorn has the right to search open areas, and closed areas such as file, cabinets, desks and automobiles.

I understand that applicants and employees may be required to undergo physical examinations, and/or laboratory or scientific tests. These exams may include laboratory tests to detect the use of alcohol and drugs. Because the use of drugs and other chemical substances often has the effect of reducing work ability, increasing absences, and could create safety hazards for you and others, any employee who is found to be using drugs or under the influence of alcohol may be terminated. I understand that if I am under any medication that reduces my ability, or that could cause a reduction in mental or physical ability, it is my responsibility to notify the Company.

THE RESULTS OF ANY MEDICAL/LABORATORY/SCIENTIFIC TESTS MAY BE USED IN DETERMINING SUITABILITY OF EMPLOYMENT. COOPERATION WITH COMPANY REQUESTS FOR MEDICAL EXAMINATIONS AND/OR LABORATORY TESTS ARE A CONDITION OF EMPLOYMENT WITH LGS. I UNDERSTAND THAT REFUSAL TO SUBMIT TO SUCH TESTS OR PROCEDURES CONSTITUTES GROUNDS FOR DISCIPLINARY ACTION, INCLUDING TERMINATION.

I understand that any requests for Leave of Absence, reinstatement after Leave of Absence, as well as other circumstances may require completion of tests or procedures addressed by this policy.

I have read or have read to me and understand the Company's policy on Alcohol, Drugs and contraband. I further agree that the medical examination I am about to receive includes laboratory tests which may use blood and or urine analysis to detect the presence of alcohol and/or drugs.

I authorize the release of the results of these test and examinations to the Company or any of its representatives from any and all liabilities arising from the release and use of the information derived from or contained in my physical examination and test results.

I understand that if I decline to sign this consent and thereby decline to take the test, the medical examination will not be completed and my employment or consideration for employment will be terminated.

The results of this test will be reported to Company management. An exception may be made, at management's discretion, for the use of legally prescribed medications taken in accordance with the directions of a qualified physician.

Signature
Date

Print Name

Witness Signature
Date

Print Name

DISCLOSURE AND AUTHORIZATION

[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

LGS Technologies may obtain information about you for employment purposes from a third party consumer reporting agency. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by LexisNexis Screening Solutions Inc, P.O. Box 105108, Atlanta, GA 30348-5108, 1-800-845-6004. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by LexisNexis Screening Solutions Inc., P.O. Box 105108, Atlanta, GA 30348-5108, 1-800-845-6004, another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

Last Name _____ First _____ Middle _____

Signature: _____ Date: _____

Consumer Information

Last Name _____ First _____ Middle _____

Other Names/Alias _____

Social Security* # _____ Date of Birth* _____

Driver's License # _____ State of Driver's License** _____

Present Address _____ Phone Number _____

City/State/Zip _____

Former Employer _____ Position _____ Dates of Employment _____

This information will be used for background screening purposes only and will not be used as hiring criteria