



# LCI, Inc.

Sanford, North Carolina (919) 775-3439 Voice

## APPLICATION FOR EMPLOYMENT

Position Applying for: \_\_\_\_\_

Date: \_\_\_\_\_

### PERSONAL INFORMATION

Name \_\_\_\_\_  
Last First Middle Social Security Number

Current Address \_\_\_\_\_  
Street City State Zip Code

Daytime Telephone Number \_\_\_\_\_

Evening Telephone Number \_\_\_\_\_

### EMPLOYMENT INFORMATION

Are you legally eligible to work in the United States?  Yes  No Are you at least 18?  Yes  No

Check type of employment desired.  Full time?  Part time Can you work overtime?  Yes  No

Check days available for work:  Mon  Tue  Wed  Thur  Fri  Sat  Sun

Date available to start work? \_\_\_\_\_ What hours are you available to work? \_\_\_\_\_

Have you ever worked for LCI (or Lee Co. Industries) before?  Yes  No If yes, give dates: \_\_\_\_\_

Have you ever been dismissed or forced to resign from a prior job?  Yes  No If yes, describe in detail: \_\_\_\_\_

Have you ever been convicted of a crime (other than a minor traffic violation)?  Yes  No If yes, list all offense(s) and date(s) of conviction/plea and county/city/state of conviction. (Note: Conviction of a crime will not necessarily prevent acceptance for employment.)

### EDUCATION

Type of School	Name and Location of School	Years Attended	Did you Graduate?	Type of Degree
High School				
College				
Trade or other				

Do you have any specific skills, abilities, or experience that are applicable to the job for which you are applying? If so, explain: \_\_\_\_\_

## **WORK EXPERIENCE**

Note: Start with most recent position, furnish dates and explanations for each period of unemployment of one month or more.

Present/last employer	Type of business	Address	Phone number	
Start date From _____ to _____	Leave date _____	Job Title	Final pay rate \$ _____ per _____	Supervisor's name

Brief description of job and duties: \_\_\_\_\_

Reason for leaving:

Former employer	Type of business	Address	Phone number	
Start date From _____ to _____	Leave date _____	Job title	Final pay rate \$ _____ per _____	Supervisor's name

Brief description of job and duties: \_\_\_\_\_

Reason for leaving:

Former employer	Type of business	Address	Phone number	
Start date From _____ to _____	Leave date _____	Job title	Final Pay Rate \$ _____ per _____	Supervisor's name

Brief description of job and duties: \_\_\_\_\_

Reason for leaving:

Former employer	Type of business	Address	Phone number	
Start date From _____ to _____	Leave date _____	Job title	Final pay rate \$ _____ per _____	Supervisor's name

Brief description of job and duties: \_\_\_\_\_

Reason for leaving:

## **REFERENCES** (Do not list relatives or previous supervisors.)

Name	Address _____	Telephone no.	Relationship
Name	Address _____	Telephone no.	Relationship
Name	Address _____	Telephone no.	Relationship

## **APPLICANT STATEMENT**

By signing my name below, I (1) certify that all statements made by me on this application are true and complete to the best of my knowledge and that I understand that misrepresentations or omissions may be cause for rejection or may be cause for subsequent dismissal if I am hired, and (2) understand that nothing contained in this application or in the interview process is intended to create an employment contract between LCI, Inc. and me, and (3) authorize the employer to contact and obtain information from all references, employers, public agencies and others to verify the accuracy of all information provided in this application. I hereby waive all rights and claims I may have regarding the employer for seeking, obtaining and using truthful information in the employment process and all other persons corporations or organizations for furnishing such information about me. If this application results in my employment, I understand I have a right to terminate my employment at any time and for any reason and LCI, Inc. retains a similar right. I further understand that no representative of LCI, Inc. has any authority to enter into any agreement with me for any specified period of time or to guarantee some other personnel benefit. I further understand this entire statement applies to the period prior to or after I may be employed. I understand this application will remain current for only thirty (30) days and after that time, it will be necessary for me to reapply and fill out a new application.

**I hereby acknowledge that I have read and understand each of the above statements.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date