

Lifetime Transmissions Inc. Employment Application

Application Date

Interview Date

General Information

Last name	First Name	Middle Initial	Social Security No.
Address		Home Telephone	
City, State, Zip		Message Telephone	
Position Applied For		Salary Desired	
Date Available		Hours Available _____	
		Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	
Are you able to perform the essential job functions of the position you are applying for with or without reasonable accommodations? Yes <input type="checkbox"/> No <input type="checkbox"/>			If hired will you be able to work overtime? Yes <input type="checkbox"/> No <input type="checkbox"/>

Education Information

School	Address	Major/Studies	Degree, Diploma, License, Certificate / Date Awarded
High School			
Vocation/Business/Other			
College/University			
Graduate			
Other Special Knowledge, Skills, or Qualifications			
Military Service (List Dates, Ranks, and Training)			

Employment History

List all employers starting with the most recent position. All information must be completed. You may attach a resume but not in place of completing the required information

Most Recent Employer Is this your current employer? Yes No May we contact the employer for reference? Yes No

Employed From/Employed To	Job Title	Starting Salary	Ending Salary
Employer Name	Employer Address	Supervisor's Name	Supervisor's Phone
Job Duties and Responsibilities			
Reason for Leaving			
Employed From/Employed To	Job Title	Starting Salary	Ending Salary
Employer Name	Employer Address	Supervisor's Name	Supervisor's Phone
Job Duties and Responsibilities			
Reason for Leaving			

Employed From/Employed To	Job Title	Starting Salary	Ending Salary
Employer Name	Employer Address	Supervisor's Name	Supervisor's Phone
Job Duties and Responsibilities			
Reason for Leaving			

Employed From/Employed To	Job Title	Starting Salary	Ending Salary
Employer Name	Employer Address	Supervisor's Name	Supervisor's Phone
Job Duties and Responsibilities			
Reason for Leaving			

Volunteer Activities, Hobbies, Interests (optional)

Certification and Authorization

The above information is true and correct.

I authorize OK Transmissions to inquire into my education, past employment history, and references as needed to research my qualifications for this position. I testify that I am able to pass a pre-employment drug test and background check and give my consent to have both completed if requested.

If employed I will be required to provide original documents which verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986. The documents provided will be used for the completion of Form I-9.

I hereby acknowledge that I have read and agree to the above statements.

Signature

Date

In case of emergency please list at least 2 contacts we can attempt to notify:

Name	Relation	Cell	Alternate Phone
Name	Relation	Cell	Alternate Phone
Name	Relation	Cell	Alternate Phone