



EMPLOYMENT APPLICATION

The Lindgren Group • Avtec • Metco • Nico

PERSONAL INFORMATION

Date: ____ / ____ / ____

Name: (First) _____ (Last) _____ (Middle Initial) ____

Phone: (____) _____ - _____ Social Security #: _____ - _____ - _____

Address: _____

City: _____ State: _____ Zip Code: _____ Length of time at current address: _____

Position applied for: _____ Desired starting wage: _____

Desired work: ____ Part time ____ Full time / ____ 1st Shift ____ 2nd Shift ____ 3rd Shift ____ Open to any shift

Are there specific times that you cannot work? • No • Yes. If yes, please list restricted dates/times below:

Have you worked for us before? • No. • Yes If yes, when? _____ Position? _____

Supervisor: _____ Reason left: _____

How did you learn of this position? _____ Referred by: _____

Available to start working on (date): _____ Are you at least 18 years of age? • No. • Yes

Are you a United States Citizen or authorized to work in the U.S.? • No. • Yes

If no, can you provide/submit a work permit? • No. • Yes

Note: If hired, according to the Immigration Reform and Control Act of 1986, proof of citizenship or work authorization is required. As participants in E-Verify, we provide the Social Security Administration (SSA) and Department of Homeland Security (DHS) with each new hire's proof of citizenship or work authorization.

Are you able to perform the essential requirements of the job? • Yes. • No

If no, are there reasonable accommodations that can be made to allow you to perform the essential functions of the job? • No. • Yes - specify: _____

EDUCATION AND TRAINING

Name and Location of School	Circle Last Year Completed	Did you graduate?	Degree Received	Concentrated Area of Study
<p style="text-align: center;"><i>High School</i></p> Name: _____ Address: _____	9 th 10 th 11 th 12 th	_____ Yes _____ No		
<p style="text-align: center;"><i>College</i></p> Name: _____ Address: _____	1 2	_____ Yes _____ No		Major: _____

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	3	4			Minor: _____
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REFERENCES (List Professional Contacts - *No Relatives*)

Name, Title	Relationship (ex. Supervisor, co-worker)	Phone Number

Dates	Company	Pay	Job Title	Job Duties	Supervisor Information	Why you left
Start: _____ End: _____	Name: _____ _____ Address: _____ _____ City: _____ State: _____ Zip Code: _____ Phone: () -	Start: _____ End: _____		_____ _____ _____ _____ _____	Name: _____ _____ Title: _____ Phone: () -	_____ _____ _____ _____
Start: _____ End: _____	Name: _____ _____ Address: _____ _____ City: _____ State: _____ Zip Code: _____ Phone: () -	Start: _____ End: _____		_____ _____ _____ _____ _____	Name: _____ _____ Title: _____ Phone: () -	_____ _____ _____ _____
Start: _____ End: _____	Name: _____ _____ Address: _____ _____ City: _____ State: _____ Zip Code: _____ Phone: () -	Start: _____ End: _____		_____ _____ _____ _____ _____	Name: _____ _____ Title: _____ Phone: () -	_____ _____ _____ _____

May we contact the employers listed above? • Yes. • No
 If no, list on the below line which employer(s) you do not wish for us to contact:

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Use the space below to summarize any additional skills, knowledge, abilities you feel is necessary to describe your full qualifications. Please highlight any machines you have operated as well.

PLEASE READ, INITIAL & SIGN

- I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery. _____ (Initial)

- I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by the Lindgren Companies that such employment with the Lindgren Companies is at will, for no specified duration and may be terminated by either the Lindgren Companies or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of the Lindgren Companies or its representatives used during the employment process is deemed a contract of employment real or implied. I understand that no representative of the Lindgren Companies except the President has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the President of the Lindgren Companies. _____ (Initial)

- In consideration for employment with the Lindgren Companies, if employed, I agree to conform to the rules, regulations, policies and procedures of the Lindgren Companies at all times and understand that such obedience is a condition of employment. I understand that due to the nature of the Lindgren Companies business, attendance and punctuality are considered essential requirements of every job at the Lindgren Companies and that poor attendance or tardiness will result in disciplinary action. _____ (Initial)

- I understand that if offered a position with the Lindgren Companies, a pre-employment drug/alcohol screening is required within 48 hours. I may be required to submit to a pre-employment medical examination and/or background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate, or any attempt to affect the results of these pre-employments tests and checks will result in withdrawal of any employment offer or termination of employment if already employed. _____ (Initial)

- I understand due to applicable contracts regarding weapons, a criminal background check will be processed if offered conditional employment. *The existence of a criminal record does not create an automatic barrier to employment but will be a factor for consideration of specific jobs.* _____ (Initial)

- I authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to the Lindgren Companies and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information. _____ (Initial)

- I understand that this application is considered current for six months. If I wish to be considered for employment after this period I must fill out and submit a new application. _____ (Initial)

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➤ **BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS:**

Signature

Date

Name and phone number of person completing this form if other than applicant:

THE LINDGREN COMPANIES IS PROUD TO BE AN EQUAL OPPORTUNITY EMPLOYER. ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, DISABILITY, VETERAN STATUS OR ANY OTHER STATUS PROTECTED BY LAW.

→ Submit to Reception Desk or HR when completed. ←