

Application For Employment



Lincoln Electric
Cooperative, Inc.

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Position(s) Applied For:	Date of Application:
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How did you learn about us?			
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend/Relative	<input type="checkbox"/> Walk-In	
<input type="checkbox"/> Facebook	<input type="checkbox"/> Website	<input type="checkbox"/> Other:	

Last Name:	First Name:	Middle Name:		
Address:		City:	State:	Zip Code:
Telephone Number(s):	Email:			

If you are under 18 years of age, can you provide required proof of your eligibility to work?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever filed an application with LEC before? If Yes, date applied: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been employed with LEC before? If Yes, dates of employment: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently employed?		<input type="checkbox"/> Yes <input type="checkbox"/> No
May we contact your present employer?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? <i>[Proof of citizenship or immigration status will be required upon employment.]</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No
On what date would you be available for work?		
Are you available to work:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Shift Work <input type="checkbox"/> Temporary
Are you currently on "lay-off" status and subject to recall?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you travel if a job requires it?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been convicted of a felony within the last seven (7) years? <i>[Convictions will not necessarily disqualify an applicant from employment.]</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please explain:		

Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
High School				
Trade School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read and/or write			
	Fluent	Good	Fair
Speak			
Read			
Write			

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer:		Dates Employed		Work Performed:
		From	To	
Address:				
Telephone Number(s):		Hourly Rate/Salary		
		Starting	Final	
Job Title:	Supervisor:			
Reason For Leaving:				

Employer:		Dates Employed		Work Performed:
		From	To	
Address:				
Telephone Number(s):		Hourly Rate/Salary		
		Starting	Final	
Job Title:	Supervisor:			
Reason For Leaving:				

Employer:		Dates Employed		Work Performed:
		From	To	
Address:				
Telephone Number(s):		Hourly Rate/Salary		
		Starting	Final	
Job Title:	Supervisor:			
Reason For Leaving:				

List professional, trade, business or civic activities and offices held: *[You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.]*

Additional Information

Other Qualifications:

[Summarize special job related skills and qualifications acquired from employment or other experience.]

Specialized Skills:

[List specialized equipment, tool and/or procedural skills.]

Other:

[State any additional information you feel may be helpful to LEC in considering your application.]

Performance:

[DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.]

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.

Yes
 No

References

Name:	Company:	Association with Applicant:		
Address:		City:	State:	Zip Code:
Telephone Number(s):	Email:			

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Telephone Number(s):	Email:			

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Address:		City:	State:	Zip Code:
Telephone Number(s):	Email:			

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Applicant Signature

Date