Lampton-Love / P.O. Box 1607 / Jackson, MS 39215-1607

Lampton-Love

An Equal Opportunity Employer

Application for Employment

Please note This employment application will become void and will not be considered after 30 days from the date of application. After the 30-day period, it will be necessary to submit a new application to be considered for employment.

Please respond to all questions and do not leave any response blank. If you do not believe that a response is applicable, put "not applicable" in the blank. Use additional paper to respond if necessary. *Please type or print.*

Social Security Number ___ - ___ - ____

Full Name _____
Last First Middle

Current Home Address _____
Number Street

_____
City County State Zip Code

How long have you lived at this address? _____

Home Phone _____

Name of Spouse _____ Occupation of Spouse _____

Name of Spouse's Employer _____

Do you have any friends or relatives currently or formerly employed by this company? If so, please identify by name and relationship.

_____

Have you previously worked for or applied for employment with this company? If so, please identify by date.

_____

Who referred you to this company for possible employment?

_____

Job Interest

Please list each position for which you request consideration.

_____

_____

_____

What is the minimum salary which you would accept? _____

Have you ever been convicted of a felony? _____

(Conviction of a felony is not an automatic bar to employment. All circumstances will be considered.) If so, please state the nature of the offense, date and place of conviction, and sentence.

_____

When would you be available to start work? _____

Are there any restrictions or limitations on your availability to work overtime, irregular hours or weekends?_____ If so, please describe the restriction or limitation.

_____

_____

_____

Past Employment

Information concerning your last three employers is requested below (please include temporary assignments of more than three weeks).

Employer #1

Name _____

Address _____

Telephone _____ Your job title _____

Your last rate of pay _____

Your supervisor's name _____

Your date of hire _____ Your date of termination _____

Reason for leaving _____

How many days did you work after giving notice of leaving? _____

Were you ever disciplined, warned or counseled about your job performance, attendance or any other work-related matter? ———If so, please explain the circumstances.

_____

_____

Employer #2

Name _____

Address _____

Telephone _____ Your job title _____

Your last rate of pay _____

Your supervisor's name _____

Your date of hire _____ Your date of termination _____

Reason for leaving _____

How many days did you work after giving notice of leaving? _____

Were you ever disciplined, warned or counseled about your job performance, attendance or any other work-related matter? ———If so, please explain the circumstances.

_____

_____

Employer #3

Name _____

Address _____

Telephone _____ Your job title _____

Your last rate of pay _____

Your supervisor's name _____

Your date of hire _____ Your date of termination _____

Reason for leaving _____

How many days did you work after giving notice of leaving? _____

Were you ever disciplined, warned or counseled about your job performance, attendance or any other work-related matter? ———If so, please explain the circumstances.

_____

_____

Please account for all periods of unemployment (of four weeks or more since you left high school) by noting the dates of unemployment and what you were doing during that time.

_____

_____

Education

High School

Name of School: _____

City / State _____

Years Completed *(Circle)* 1 2 3 4 Did you graduate? ____Yes ____No

Year last attended _____

College/University

Name of School: _____

City / State _____

Years Completed *(Circle)* 1 2 3 4 Did you graduate? ____Yes ____No

Year last attended _____ Degree? _____

Graduate/Professional

Name of School: _____

City / State _____

Years Completed *(Circle)* 1 2 3 4 Did you graduate? ____Yes ____No

Year last attended _____ Course of study _____

If you did not graduate, why did you leave school or college?

_____

_____

Are you planning to pursue further studies? ____Yes ____No

If yes, when, where and what courses?

_____

_____

Would you be a _____ full-time or _____ part-time student?

References

Provide three (3) personal references

Name	Company	Telephone Number
1.		
2.		
3.		

Job Skills

The knowledge of an applicant's skills and abilities is important to an employer. Please list any training, experience, certifications, or licenses you have (e.g., commercial driver's license, data entry, word processing, journeyman electrician, welder, typing speed).

_____

_____

_____

_____

_____

_____

Please describe any additional education, training or qualifications which you possess which you believe may assist the company in evaluating your application.

_____

_____

_____

_____

Emergency Notification

In case of emergency, please notify:

Name _____

Address _____

Telephone _____

Please read carefully

I certify that the answers which I have given to the foregoing questions and statements are true and complete to the best of my knowledge, and that I have withheld no information or other response that would, if disclosed, affect this application unfavorably. I authorize Lampton-Love (the Company) to obtain from any person or organization with which or with whom I have been employed or associated (whether listed by me in this application or not) any information regarding my employment, character and qualifications, together with any information which they may have regarding me, whether or not it is in their records. I hereby release any and all such individuals, employers, corporations, schools and others from any and all liability for any damage flowing from the disclosure of this information. I understand that any misleading or incorrect statements or responses may render this application void and, if employed, may result in my immediate termination regardless of the time at which the misleading or incorrect statement or response was discovered.

I authorize Lampton-Love to release to other perspective employers any information regarding my employment with the Company or the information set forth in this application or gained by the Company from other individuals, employers and others named in this application, and to give out any information regarding my employment, character, qualifications and other information which the Company may have regarding me, whether or not it is in the Company's records. I hereby release Lampton-Love and each and all of its officers, directors, employees and agents from any and all liability from any damage flowing from issuing this information.

I agree to submit myself, upon request by the Company, to a physical examination by a physician designated by the Company and to testing for the presence of alcohol and other drugs or substances by a physician or laboratory designated by the Company. I acknowledge that the Company reserves the right to inspect all packages, cases, clothing, desks, and work spaces or any other item carried on or off the Company's premises, and I understand that cooperation with such inspections would be a condition of continued employment.

I acknowledge and understand that, if employed by the Company, my employment and all terms and conditions of that employment are for an indefinite duration, and are at the absolute will and pleasure of the Company. If employed, I acknowledge and understand that any Company or Company-sponsored writings relating to the terms and conditions of my employment are unilateral policies, procedures, statements, explanations and instructions, and lack any mutuality whatever.

I further acknowledge and understand that the Company has the unilateral right, at any time and for any reason, to make changes in any such policies, instructions and procedures with or without notice. I further understand and acknowledge that the Company may take any action concerning my employment, including termination, with or without cause and with or without notice, at the sole and absolute discretion of the Company. I further acknowledge and understand that no person other than an officer of the Company, whose agreement must be in writing, has any authority to enter into any agreement relating to my employment, to enter into any agreement for employment for a specific time or to make any agreement inconsistent with the foregoing.

I understand that this application for employment will not be considered after 30 calendar days from the date set forth below.

Signature _____

Date of Application _____