

# LEINBACH COMPANY

## Application for Employment

AN EQUAL OPPORTUNITY EMPLOYER

PLEASE READ THIS BEFORE COMPLETEING THIS APPLICATION

THIS EMPLOYER DOES NOT DISCRIMINATE IN HIRING OR EMPLOYMENT ON THE BASIS OF RACE, COLOR, RELIGIOUS CREED, NATIONAL ORIGIN, SEX, ANCESTRY, OR ON THE BASIS OF AGE. NO QUESTION ON THIS APPLICATION IS INTENDED TO ACQUIRE INFORMATION TO BE USED FOR DISCRIMINATION. THIS APPLICATION WILL BE GIVEN EVERY CONSIDERATION, BUT ITS RECEIPT DOES NOT IMPLY THAT THE APPLICANT WILL BE EMPLOYED. EACH QUESTION SHOULD BE ANSWERED IN A COMPLETE AND ACCURATE MANNER AS NO ACTION CAN BE TAKEN ON THIS APPLICATION UNTIL ALL QUESTIONS HAVE BEEN ANSWERED.

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

Name: \_\_\_\_\_  
FIRST MIDDLE LAST

Social Security Number: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
NUMBER STREET

Length of Time at Address: \_\_\_\_\_  
CITY STATE ZIP

List previous addresses within the United States is address changed during the past three years:

Address: \_\_\_\_\_  
NUMBER STREET

Length of Time at Address: \_\_\_\_\_  
CITY STATE ZIP

Position Applied for: \_\_\_\_\_ Salary Requirements: \_\_\_\_\_

How were you referred to us? \_\_\_\_\_

Date Available for Work: \_\_\_\_\_

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### PERSONAL DATA

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Have you ever filled out an application here before? Yes No Date: \_\_\_\_\_

Have you ever been employed here before? Yes No Date: \_\_\_\_\_

Are you permitted by the Immigration Reform and Control Act of 1986 to work in the U.S.? Yes No

Driver's License: State: \_\_\_\_\_ Number: \_\_\_\_\_ Type: \_\_\_\_\_

Are you over 18 years of age? Yes No



Have you ever been refused bond?    Yes                      No

If yes, give details:

Have you ever been convicted of a criminal offense involving dishonesty or breach of trust (including, but not limited to, robbery, embezzlement, forgery, perjury, tax evasion, etc.?)    Yes                      No

If yes, state the offense, location, and disposition:

If case of an emergency, who should be notified? Name: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Are you now or do you expect to be engaged in any other business or employment?    Yes                      No

If yes, explain: \_\_\_\_\_

What are your hobbies?

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**EMPLOYMENT RECORD**  
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PLEASE COMPLETE IN DETAIL. LIST EMPLOYERS BEGINNING WITH PRESENT OR MOST RECENT.

|                    |  |
|--------------------|--|
| Name of Employer   |  |
| Location Employed  |  |
| Phone Number       |  |
| From- MO/YR        |  |
| To- MO/YR          |  |
| Your Title         |  |
| Supervisor & Title |  |
| Starting Salary    |  |
| Final Salary       |  |

|   |     |    |
|---|-----|----|
| If still employed, may we contact present employer? | Yes | No |
| Reason(s) for leaving                               |     |    |
| Describe your responsibilities                      |     |    |

|   |     |    |
|---|-----|----|
| Name of Employer                                    |     |    |
| Location Employed                                   |     |    |
| Phone Number  |     |    |
| From- MO/YR   |     |    |
| To- MO/YR   |     |    |
| Your Title  |     |    |
| Supervisor & Title                                  |     |    |
| Starting Salary                                     |     |    |
| Final Salary  |     |    |
| If still employed, may we contact present employer? | Yes | No |
| Reason(s) for leaving                               |     |    |
| Describe your responsibilities                      |     |    |

|   |     |    |
|---|-----|----|
| Name of Employer                                    |     |    |
| Location Employed                                   |     |    |
| Phone Number  |     |    |
| From- MO/YR   |     |    |
| To- MO/YR   |     |    |
| Your Title  |     |    |
| Supervisor & Title                                  |     |    |
| Starting Salary                                     |     |    |
| Final Salary  |     |    |
| If still employed, may we contact present employer? | Yes | No |

# LEINBACH COMPANY

|                                |  |
|--------------------------------|--|
| Reason(s) for leaving          |  |
| Describe your responsibilities |  |

|   |                             |
|---|-----------------------------|
| Name of Employer                                    |                             |
| Location Employed                                   |                             |
| Phone Number  |                             |
| From- MO/YR   |                             |
| To- MO/YR   |                             |
| Your Title  |                             |
| Supervisor & Title                                  |                             |
| Starting Salary                                     |                             |
| Final Salary  |                             |
| If still employed, may we contact present employer? | Yes                      No |
| Reason(s) for leaving                               |                             |
| Describe your responsibilities                      |                             |

Other employers within the past five years, if applicable:

| Name of Employer | Location | Dates From | Dates To | Position |
|------------------|----------|------------|----------|----------|
|                  |          |            |          |          |
|                  |          |            |          |          |
|                  |          |            |          |          |

If you worked in any of your previous positions under another name, please give that name:

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|                        |         |    |   |   |
|------------------------|---------|----|---|---|
| Name of Institution:   |         |    |   |   |
| Type:                  | College |    |   |   |
| City, State:           |         |    |   |   |
| Major Course of Study: |         |    |   |   |
| Dates (from-to):       |         |    |   |   |
| Did you graduate?      | Yes     | No |   |   |
| If no, why?            |         |    |   |   |
| Degree:                |         |    |   |   |
| Last Year Completed:   | 1       | 2  | 3 | 4 |

|                        |                             |    |   |   |
|------------------------|-----------------------------|----|---|---|
| Name of Institution:   |                             |    |   |   |
| Type:                  | Technical/Vocational School |    |   |   |
| City, State:           |                             |    |   |   |
| Major Course of Study: |                             |    |   |   |
| Dates (from-to):       |                             |    |   |   |
| Did you graduate?      | Yes                         | No |   |   |
| If no, why?            |                             |    |   |   |
| Degree:                |                             |    |   |   |
| Last Year Completed:   | 1                           | 2  | 3 | 4 |

|                        |     |    |   |   |
|------------------------|-----|----|---|---|
| Name of Institution:   |     |    |   |   |
| Type:                  |     |    |   |   |
| City, State:           |     |    |   |   |
| Major Course of Study: |     |    |   |   |
| Dates (from-to):       |     |    |   |   |
| Did you graduate?      | Yes | No |   |   |
| If no, why?            |     |    |   |   |
| Degree:                |     |    |   |   |
| Last Year Completed:   | 1   | 2  | 3 | 4 |

|                        |     |    |   |   |
|------------------------|-----|----|---|---|
| Name of Institution:   |     |    |   |   |
| Type:                  |     |    |   |   |
| City, State:           |     |    |   |   |
| Major Course of Study: |     |    |   |   |
| Dates (from-to):       |     |    |   |   |
| Did you graduate?      | Yes | No |   |   |
| If no, why?            |     |    |   |   |
| Degree:                |     |    |   |   |
| Last Year Completed:   | 1   | 2  | 3 | 4 |



List scholastic honors, offices held, and activities in college:

List scholastic honors, offices held, and activities in high school:

Are you planning to pursue further studies?    Yes                      No

If yes, when, where, and what courses?

Day School

Night School

Online School

**College Performance:**

College Grade Point Average:

|                                  |  |
|----------------------------------|--|
| Freshman                         |  |
| Sophomore                        |  |
| Junior                           |  |
| Senior                           |  |
| Cumulative Average               |  |
| Cumulative Average Major Subject |  |
|                                  |  |

College Expenses Earned By:

|             |      |
|-------------|------|
| Working     |      |
| Scholarship |      |
| Loans       |      |
| Other       |      |
| Total       | 100% |

Scholarships, awards, graduate thesis subject, academic honors, etc.:

List any licenses and certifications earned:

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### BUSINESS REFERENCES

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| Name | Employer | Position | Phone Number | Years Known |
|------|----------|----------|--------------|-------------|
|      |          |          |              |             |
|      |          |          |              |             |
|      |          |          |              |             |

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### HEALTH RECORD

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Do you have any physical defect or illness that may limit your ability to perform the particular job for which you are applying?

Yes

No

If yes, describe:

Date of Last Physical Exam: \_\_\_\_\_

Have you ever been injured on the job?

Yes

No





If yes, describe:

| Nature of Injury | Employer when injured | Year | Cause of injury |
|------------------|-----------------------|------|-----------------|
|                  |                       |      |                 |
|                  |                       |      |                 |
|                  |                       |      |                 |

Will you abide by the safety rules of this company?      Yes                                      No

APPLICANT MUST HAVE CURRENT VALID DRIVER'S LICENSE AND PROOF OF AUTO LIABILITY INSURANCE.

I CERTIFY THAT THE ANSWERS GIVEN BY ME TO THE FOREGOING QUESTIONS AND STATEMENTS ARE TRUE AND CORRECT WITHOUT ANY CONSEQUENTIAL COMMISSIONS OF ANY KIND WHATSOEVER. I UNDERSTANDING THAT ANY MISLEADING OR INCORRECT STATEMENTS MAY RENDER THIS APPLICATION VOID AND, IF EMPLOYED, WOULD BE CAUSE FOR MY TERMINATION. I FURTHER AGREE THAT THE COMPANY SHALL NOT BE LIABLE IN ANY RESPECT IF MY EMPLOYED IS TERMINATED BECAUSE OF FALSITY OF STATEMENTS, ANSWERS OR OMISSIONS MADE BY ME IN THIS QUESTIONNAIRE. I ALSO AUTHORIZE THE COMPANIES, SCHOOLS, OR PERSONS NAMED ABOVE TO GIVE ANY INFORMATION REGARDING MY EMPLOYMENT, CHARACTER, AND QUALIFICATIONS AND HEREBY RELEASE SAID COMPANIES, SCHOOLS, OR PERSONAS FROM ALL LIABILITY FOR ANY DAMAGE FOR ISSUING THIS INFORMATION. I CERTIFY THAT ALL STATEMENTS AND ANSWERS TO QUESTIONS ABOUT MY HEALTH ARE TRUE AND WERE MADE WITHOUT RESERVATIONS AND AGREE TO EXPRESSLY WAIVE ALL PROVISIONS OF LAW PROHIBITION ANY PHYSICIAN, PERSON, HOSPITAL, OR OTHER INSTITUTION FROM DISCLOSING TO THE COMPANY ANY INFORMATION REGARDING TREATMENT RENDERED NOW AND IN THE FUTURE. I ALSO UNDERSTAND THAT NO PERSON IT AUTHORIZED TO ENTER INTO ANY WRITTEN OR VERBAL EMPLOYMENT CONTRACTS ON BEHALF OF THE COMPANY WITHOUT THE EXPRESS WRITTEN CONSENT OF THE PRESIDENT.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
DATE



# LEINBACH COMPANY MANAGEMENT CONSUMER AUTHORIZATION AND RELEASE

In connection with LEINBACH COMPANY MANAGEMENT considering me for employment, continued employment, promotion or reassignment, I authorize LEINBACH COMPANY MANAGEMENT and or its agent, ACCUFAX Div., Southvest Inc. to obtain a consumer report, criminal background check report, motor vehicle records, workers compensation records or investigative consumer report which may include information on my character, general reputation, personal characteristics, and mode of living from my public record sources through personal interviews with previous employers or associates. When requested by an employer motor vehicle records or a driving history may be obtained.

I authorize, without reservation, any person or entity contacted by LEINBACH COMPANY MANAGEMENT, or its agent, ACCUFAX Div., Southvest, Inc. to furnish the above-stated information, and I release any such person or entity from any and all liability for furnishing such information. I further release LEINBACH COMPANY MANAGEMENT, INC, its affiliated companies, their officers, employees, and agents, and specifically ACCUFAX Div., Southwest Inc., their affiliated companies, their officers, employees and agents from any liability and responsibility arising from the preparation of said report. I understand that false or misleading statements made on this authorization, or made during the employment process, will disqualify me from consideration for employment or result in my immediate discharge if employed.

By my execution hereof I acknowledge I have been provided with a separate Consumer Disclosure advising me that a report will be requested and used for the purpose of evaluating me for employment, continued employment, promotion, or reassignment as an employee.

PLEASE PRINT Requested by: 152300

FULL NAME: \_\_\_\_\_ DOB\* \_\_\_\_\_ SS# \_\_\_\_\_

CURR. ADDR. \_\_\_\_\_ Dr. Lic. # \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_ HOW LONG \_\_\_\_\_

PREV. ADDR. \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_ HOW LONG \_\_\_\_\_

PREV. ADDR. \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_ HOW LONG \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

(State of Georgia, Notary) \_\_\_\_\_ Date \_\_\_\_\_

**APPLICANT COMPLETE INFORMATION BELOW (MAY WE CONTACT YOUR CURRENT EMPLOYER?) Y  N**

| <u>BUSINESS</u>      |             |            | From         | To |
|----------------------|-------------|------------|--------------|----|
| <u>Employer Name</u> | <u>City</u> | <u>Tel</u> | <u>Dates</u> | /  |
| <u>Employer Name</u> | <u>City</u> | <u>Tel</u> | <u>Dates</u> | /  |
| <u>Employer Name</u> | <u>City</u> | <u>Tel</u> | <u>Dates</u> | /  |

Last name while employed at any above, if different \_\_\_\_\_



**HIGH SCHOOL**

To

From

|             |                |            |              |          |
|-------------|----------------|------------|--------------|----------|
| <b>Name</b> | <b>City,St</b> | <b>Tel</b> | <b>Dates</b> | <b>/</b> |
| Most Recent |                |            |              |          |

|                       |                                     |                  |
|-----------------------|-------------------------------------|------------------|
| <b>Years Attended</b> | <b>Last Year Completed: 1 2 3 4</b> | <b>Degree(s)</b> |
|-----------------------|-------------------------------------|------------------|

|             |                |            |              |          |
|-------------|----------------|------------|--------------|----------|
| <b>Name</b> | <b>City,St</b> | <b>Tel</b> | <b>Dates</b> | <b>/</b> |
|-------------|----------------|------------|--------------|----------|

**Last name if different while in High School**

PLEASE PRINT

**\*"Date of Birth" (DOB) or "Age" will be used solely for the purpose of identification in doing background checks and will not be considered or used for any other purpose.**