



22909 Airpark Drive  
 Petersburg, VA  
 PH: 804-862-8481  
 FX: 804-862-1070

# Application For Employment

As an EQUAL EMPLOYMENT OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER, LEMAC does not discriminate against applicants or employees because of their age, race, color, religion, national origin, sex (except where sex is a bonafide occupational qualification) or on any other basis prohibited by law. Furthermore, LEMAC will not discriminate against any applicant or employee because he or she is mentally or physically disabled, a disabled veteran, or a veteran of the Vietnam era, provided he or she is qualified and meets the requirements established by LEMAC for the job.

PLEASE TYPE OR PRINT CLEARLY. <b>DO NOT REFERENCE YOUR RESUME.</b> <b>FILL OUT THE APPLICATION ENTIRELY THEN ADD RESUME IF DESIRED.</b>				DATE
NAME (Last)	(First)	(Middle)	SOCIAL SECURITY NUMBER	
CURRENT ADDRESS (Street)	(City)	(State)	(Zip Code)	PHONE NUMBER Area Code ( )
RESIDENT ADDRESS (Street) <small>(if different from above)</small>	(City)	(State)	(Zip Code)	PHONE NUMBER Area Code ( )
ARE YOU 18 YEARS OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NOT, STATE YOUR DATE OF BIRTH _____				

TYPE OF POSITION DESIRED			
POSITION APPLIED FOR:			
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> SUMMER <input type="checkbox"/> TEMPORARY <input type="checkbox"/> OTHER			SALARY EXPECTED
WILL YOU RELOCATE? TO WHAT AREA? <input type="checkbox"/> YES <input type="checkbox"/> NO		WILL YOU TRAVEL? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE AVAILABLE TO WORK
HAVE YOU EVER WORKED FOR LEMAC ? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND WHERE?		
HAVE YOU EVER APPLIED TO LEMAC ? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND WHERE?		
To comply with the Immigration Reform and Control Act of 1986, if you are hired you will be required to provide <b>documents to establish your identity</b> and your authorization to be employed in the United States. Such documents will be required within the first three (3) business days following your hire, or upon your first work day if your employment period will be less than three (3) days.			
HOW WERE YOU REFERRED TO LEMAC ?			
ARE YOU WILLING TO TAKE A PHYSICAL EXAM AT OUR EXPENSE IF THE NATURE OF THE JOB REQUIRES ONE? <input type="checkbox"/> YES <input type="checkbox"/> NO			

HAVE YOU EVER BEEN CONVICTED OF A CRIME (MISDEMEANOR OR FELONY)? <input type="checkbox"/> YES <input type="checkbox"/> NO				
IF YES, EXPLAIN:	(WHERE)	(WHEN)	(CHARGED)	(SENTENCE)
(Disclosure of a criminal record will not necessarily disqualify you for employment. Each conviction will be evaluated on its own merits with respect to time, circumstances and seriousness, in relation to the job for which you are applying.)				

## RECORD OF EDUCATION

Name and Address of School	Dates Attended		Graduated		Type of degree/ diploma received or expected	Major/Minor Fields of Study
	From	To	YES	NO		
	Mo./Yr	Mo./Yr.				
High School <small>(Last Attended)</small>						
Colleges/ Universities						
Graduate School						
Other <small>(Business, Technical, Secretarial, etc.)</small>						

LIST ANY CLUBS, ORGANIZATIONS, SOCIETIES, OR PROFESSIONAL GROUPS TO WHICH YOU BELONG WHICH HAVE A DIRECT BEARING UPON YOUR QUALIFICATIONS FOR THE JOB WHICH YOU ARE SEEKING.

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LIST ANY HOBBIES OR INTERESTS WHICH HAVE A DIRECT BEARING ON THE JOB FOR WHICH YOU ARE APPLYING.

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LIST ANY SPECIAL SKILLS OR ABILITIES WHICH DIRECTLY RELATE TO THE JOB FOR WHICH YOU ARE APPLYING.

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DO YOU POSSESS A VALID CURRENT DRIVER'S LICENSE (ONLY FOR JOBS REQUIRING DRIVING A VEHICLE)?  YES  NO  
 DRIVER'S LICENSE NUMBER AND STATE \_\_\_\_\_

### MILITARY SERVICE RECORD

HAVE YOU EVER BEEN A MEMBER OF THE ARMED FORCES OF THE UNITED STATES?  YES  NO  
 IF YES, LIST ANY SPECIAL SKILLS OR ABILITIES YOU DEVELOPED WHILE IN MILITARY SERVICE WHICH DIRECTLY RELATE TO THE JOB FOR WHICH YOU ARE APPLYING.

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**EXPERIENCE**  
**(Most Recent Experience First)**

1. NAME AND ADDRESS OF EMPLOYER	STARTING POSITION	ENDING POSITION				
<hr/> <hr/> <hr/> FROM MO____ YR____ TO MO____ YR____ PHONE NUMBER Area Code (    )	SALARY <table border="1"> <tr> <td>Starting</td> <td>Ending</td> </tr> <tr> <td>\$</td> <td>\$</td> </tr> </table> REASON FOR LEAVING <hr/>	Starting	Ending	\$	\$	NAME AND TITLE OF SUPERVISOR <hr/>
Starting	Ending					
\$	\$					
2. NAME AND ADDRESS OF EMPLOYER	STARTING POSITION	ENDING POSITION				
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Starting	Ending					
\$	\$					

MAY WE CONTACT THE EMPLOYERS LISTED ABOVE?  YES     NO

IF NO, INDICATE BY NUMBER WHICH ONE(S) YOU DO NOT WISH US TO CONTACT \_\_\_\_\_

USE THIS SPACE TO DESCRIBE ANY PREVIOUS WORK HISTORY AND/OR TO DETAIL PARTICULAR JOB RESPONSIBILITIES LISTED ABOVE. INCLUDE ANY ADDITIONAL INFORMATION WHICH YOU FEEL MAY BE RELEVANT TO THE JOB FOR WHICH YOU ARE APPLYING.

**This application shall only remain active for 60 days. After 60 days, if you are still interested in employment at LEMAC, you must fill out a new application.**

I hereby certify that all statements made in this application are true and correct to the best of my knowledge and belief. I understand and agree that any misrepresentation or omission of facts in my application may be justification for refusal to hire, or termination of employment.

I further understand that an investigative report may be made as to my character and general reputation. I authorize all past employers, schools, persons and organizations having relevant information or knowledge to provide it to LEMAC or its duly authorized representative for its use in deciding whether or not to offer me employment and specifically waive any required written notification. I hereby release employers, schools, persons and organizations from all liability in responding to inquiries in connection with my application. Upon written request by me, within a reasonable period of time, LEMAC will make available to me the nature and scope of all reports of every type obtained.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between LEMAC Corporation, its subsidiaries and affiliates, and me for the granting of an interview or for the providing of any benefit. If an employment relationship is established, I understand that my employment can be terminated, with or without cause, at the option of either LEMAC or myself.

In signing this form, I certify that I understand all the questions and statements in this application.

Further, if granted a position with LEMAC Corporation or any of its subsidiaries, I will comply with LEMAC's Business Conduct Policy, a summary of which is printed below.

## *BUSINESS CONDUCT POLICY*

**Compliance with Laws**

It is LEMAC's policy to comply with the laws in each country in which LEMAC conducts business.

**Outside Employment**

An LEMAC employee's outside employment should not conflict with his/her responsibilities to LEMAC.

**Environmental**

LEMAC's policy is to comply with environmental laws in all countries in which LEMAC conducts business.

**Employment/Equal Opportunity**

LEMAC's policy is to hire, promote, discipline and make all other personnel decisions without regard to race, color, religion, national origin, age, sex, disability, disabled veteran or Vietnam-era veteran status except where bona fide affirmative action programs allow for such considerations.

**Disclosure**

If you are aware of possible violations of the BUSINESS CONDUCT POLICY, you must report them

**Sexual Harassment**

Sexual harassment in any form will not be tolerated in the workplace. Any employee who feels that he or she has been subjected to sexual harassment is required to report the incident immediately.

**Illegal Substances**

It is LEMAC's policy to maintain an environment free of drug and alcohol abuse.

(MIDDLE INITIAL)

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

(FIRST)

**FOR PERSONNEL USE ONLY**

DATE APPLICATION RECEIVED

REFERRAL SOURCE

INTERVIEWED BY

DEPARTMENT

REFERENCE CHECK COMPLETED (DATE, AND BY WHOM)

DISPOSITION AND REASON

APPLICANT'S NAME  
(LAST)