



LANGE-STEGMANN

1 Angelica Street
St. Louis, MO 63147

APPLICATION FOR EMPLOYMENT

The company offers equal employment opportunities to all. As such, it does not discriminate on the basis of race, sex, creed, color, national origin, religion, ancestry, veteran status, age or handicap, as provided by law.

The company will keep your application in an active status for a period of ninety days. If you desire the company to reconsider you for employment after ninety days have expired since your filling of an application, then you must complete and file a new employment application form with the company.

NAME: _____ DATE _____

ADDRESS _____
NO. STREET CITY STATE ZIP CODE

HOME TELEPHONE _____ WORK TELEPHONE _____ SOCIAL SECURITY NUMBER _____

REFERRED BY _____ POSITION DESIRED _____

MINIMUM SALARY REQUIREMENT _____ AVAILABILITY DATE _____

WOULD YOU WORK FULL TIME _____ PART TIME _____ IF PART TIME, LIST DAYS / HOURS _____

EDUCATION DATA

NAME OF SCHOOL COURSE OF STUDY DID YOU GRADUATE DEGREE

HIGH SCHOOL _____

COLLEGE _____

TRADE SCHOOL _____

OTHER _____

U.S MILITARY SERVICE _____ RANK _____

GRADE POINT AVERAGE OVERALL IN HIGH SCHOOL _____ COLLEGE _____ TRADE SCHOOL _____

OTHER TRAINING, SEMINARS, SHORT COURSES, CERTIFICATES ETC

EMPLOYMENT HISTORY

NAME AND ADDRESS OF COMPANY _____

TELEPHONE NUMBER _____ NAME OF SUPERVISOR _____

TITLE _____ LAST SALARY _____

DATE EMPLOYED _____ FULL TIME? _____ PART TIME? _____
MONTH / DAY / YEAR

DATE LEFT _____ HOW MANY HOURS PER WEEK? _____
MONTH / DAY / YEAR

REASON FOR LEAVING: _____

DESCRIBE THE WORK YOU DID VERY SPECIFICALLY:

1. _____
2. _____
3. _____
4. _____

.....

NAME AND ADDRESS OF COMPANY _____

TELEPHONE NUMBER _____ NAME OF SUPERVISOR _____

TITLE _____ LAST SALARY _____

DATE EMPLOYED _____ FULL TIME? _____ PART TIME? _____
MONTH / DAY / YEAR

DATE LEFT _____ HOW MANY HOURS PER WEEK? _____
MONTH / DAY / YEAR

REASON FOR LEAVING: _____

DESCRIBE THE WORK YOU DID VERY SPECIFICALLY:

1. _____
2. _____
3. _____
4. _____

NAME AND ADDRESS OF COMPANY _____

TELEPHONE NUMBER _____ NAME OF SUPERVISOR _____

TITLE _____ LAST SALARY _____

DATE EMPLOYED _____ FULL TIME? _____ PART TIME? _____
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DATE LEFT _____ HOW MANY HOURS PER WEEK? _____
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REASON FOR LEAVING: _____

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MONTH / DAY / YEAR

DATE LEFT _____ HOW MANY HOURS PER WEEK? _____
MONTH / DAY / YEAR

REASON FOR LEAVING: _____

DESCRIBE THE WORK YOU DID VERY SPECIFICALLY:

1. _____
2. _____
3. _____
4. _____

ARE YOU A US CITIZEN? _____ YES _____ NO IF NO, WHAT TYPE OF VISA DO YOU HOLD? _____

DO YOU HAVE ANY MEDICAL OR PHYSICAL CONDITION WHICH AFFECTS YOUR ABILITY TO PERFORM THE TYPE OF WORK APPLIED FOR? _____ YES _____ NO

EXPLAIN _____

CAN YOU LIFT 60 POUNDS REPEATEDLY? _____ YES _____ NO

LIST ANY EQUIPMENT AT WHICH YOU ARE A PROFICIENT OPERATOR:

PLEASE WRITE A FEW PARAGRAPHS TO DESCRIBE VERY SPECIFICALLY THOSE SKILLS AND EXPERIENCES YOU HAVE HAD WHICH WILL HELP YOU IN A POSITION AT LANGE – STEGMANN COMPANY.

In consideration of my employment, I agree to conform to the rules and regulations of Lange – Stegmann Company, and my employment and compensation can be terminated, with or without cause, at any time, at the option of either the Company or myself. I understand that no one in the Company other than the President or Vice President has the authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing.

I acknowledge the truth and accuracy of the information given by me on this form by my signature. I understand that if the Company discovers falsity, inaccuracy, or omission of pertinent information at any time during the consideration of my application or my employment that it may summarily reject my application or immediately dismiss me without notice.

APPLICANTS SIGNATURE

DATE

AUTHORIZATION AND RELEASE

I hereby authorize Lange – Stegmann Company to investigate my response to the inquiries made on this application form, including the contacting of my former employers. In addition, I release both the Company and each of my former employers who supply either written or oral responses to the Company’s inquiries, or both, from all liability for any transaction, occurrence, act or omission concerning or arising from the Company’s inquiry and my former employers responses.

Upon termination of my employment with the Company, irrespective of the time and reason for such termination, I authorize the Company to provide reference information about my employment with the Company to any employer or potential employer who makes a request for such information. I further release the Company from all liability for any transaction, occurrence, act or omission concerning or arising from the Company’ disclosure of information concerning my employment with the Company and its termination.

APPLICANTS SIGNATURE

DATE