



Leader Evaporator Co., Inc. 49 Jonergin Drive Swanton, VT 05488
Tel: (802) 868-5444 Fax: (802) 868-5445 www.leaderevaporator.com

Application for Employment

Please print and fill out the form completely for employment consideration, when completed return form to the receptionist, mail or fax. Thank you.

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin or handicap. We are an equal opportunity employer.

Personal Information:

Last Name	Middle Initial	First Name	Date
Street Address, City, State, Zip		Home Phone	
		Cell Phone	
Business Phone		Email Address	
Previous Address?		Years?	Months?
Have you ever applied for employment with us?		Location:	
Yes:	No: If Yes Month and Year:	Swanton	Rutland
Are you over 18 years of age? Yes: No: If not, employment is subject to verification of minimum legal age.			
How did you learn of our organization:			
Are you legally eligible for employment in the United States? Yes: No:			
When will you be able to work?			
Are you employed now? Yes: No: If so, may we inquire of your present employer? Yes: No:			

Are there any reasons for which you might not be able to perform the job duties (with a reasonable accommodation)?
 Yes: _____ No: _____ If yes, please explain:

Driver's License #: _____ State: _____ Any Violations? Yes: _____ No: _____

Education

School	Name and location of school	Course of Study	Completed # of years	Did you graduate?	Degree or Diploma?
High					
Trade					
College					
Other					

Military

Complete this section if you served in the U.S. Armed Forces	Branch of Service
Period of Active Duty (Month & Year) From: _____ To: _____	Rank at Discharge: _____
Describe your duties and any special training:	

Employment History Please give accurate, complete full-time and part-time employment record for your last four employers. Start with present or most recent employer.

Company Name:	Telephone Number
Address	Employed (Start Month and Year)
	From: To:
Name of Supervisor	Hourly Rate
	Start: Last:
Start Job Title and Describe Your Work	Reason for Leaving

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Address	Employed (Start Month and Year)
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Company Name:	Telephone Number
Address	Employed (Start Month and Year)
Name of Supervisor	From: To: Hourly Rate Start: Last:
Start Job Title and Describe Your Work	Reason for Leaving

References: Give below the names of three persons not related to you, whom you have known at least one year.

Name	Address	Business	Years Acquainted

The information provided in this Application for Employment is true, correct and complete. If employed, any misstatements or omissions of fact on this application may result in my dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

If you decide to engage an investigative consumer reporting agency to report on my credit and personal history, I authorize you to do so.

If a report is obtained you must provide, at my request, the name and address of the agency so I may obtain from them the nature and substance of the information contained in the report.

Date

Signature

Please complete and email or fax a copy of this form to:



**Leader Evaporator Co. Inc.
Attn: Human Resources
49 Jonergin Drive
Swanton, Vermont 05488**

**Phone: 802-868-5444
Fax: 802-868-5445**

scarp@leaderevaporator.com