



Application for Employment

Please print clearly and answer all questions. Please also note that Resumes are not a substitute for an application and all portions of this application must be completed.

Lenkbar, LLC (Lenkbar) is an equal opportunity employer. Applicants are considered for position(s) without regard to race, religion, sex, national origin, color, age, genetic information, veteran status or any other category protected by applicable federal, state, or local laws.

Lenkbar is an at-will employer as allowed by applicable Florida state law. This means that regardless of any provision in this application, if hired, the company or I may terminate the employment relationship at any time for any reason, with or without cause or notice.

Name: _____

Present Street Address: _____

City / State / Zip: _____

Home Phone: (____) ____-____ Mobile Phone: (____) ____-____

Years / Months at present address: ____/____

Email Address: _____

Position Applied For: _____ Desired Rate / Salary: _____

Type of employment desired: Full Time Part Time

Please document your available hours to work.

| Day | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|---------------|--------|--------|---------|-----------|----------|--------|----------|
| Start: | | | | | | | |
| End: | | | | | | | |

Are you willing to work overtime? Yes No

Date on which you can start if hired: _____

Have you previously applied for employment with Lenkbar? Yes No

If yes, when did you apply? _____

Have you ever been employed by Lenkbar? Yes No

If yes, provide dates of employment and reason for separation. _____

If applicable, list any other names which you have used for employment or education. This will be necessary for us to confirm your work and educational record. _____

| Education | School Name and Location (Address, City, State) | Graduate? Y or N | # Years Completed | Course of Study Degree / Major |
|---|--|---------------------|-------------------|-----------------------------------|
| High School | | | | |
| Bus./Tech / Trade School | | | | |
| College | | | | |
| Additional Training (attach separate sheet if needed) | | | | |

Have you ever been in the Armed Forces? Yes No

If yes, provide branch and dates of service. _____

If yes, were you honorably discharged? Yes No

Have you ever pled "guilty", "no contest" or are you currently pending trial? Yes No

If yes, provide information to include date, charge, and jurisdiction. _____

References

Please list the names of additional work-related references we may contact. Individuals with no prior work experience may list school or volunteer-related references.

| Name | Company and Position | Work Relationship (i.e., Supervisor, co-worker) | Telephone Number |
|------|----------------------|--|------------------|
| | | | |
| | | | |
| | | | |

Work Experience

Have you ever been terminated or asked to resign from any job? Yes No

If Yes, please explain: _____

Have you ever been given the choice to resign rather than be terminated from any job? Yes No

If Yes, please explain: _____

Please list the names of your present and previous employers in order with **the most recent employer listed first**. Provide information on the **most recent ten (10) years** of employment. If self-employed, supply the company name and business references. You may include any verifiable work performed on a volunteer basis, internships, or military service. Your failure to complete this inquiry may disqualify you for consideration of employment. "See Resume" is not an acceptable response. Attach a separate paper if necessary.

Name of Employer: _____
City / State: _____ Phone: _____
Supervisor's Name: _____
From (Mo / Yr): ____ / ____ To (Mo / Yr): ____ / ____ Pay at Start: _____ at End: _____
Describe the work performed: _____

Reason for separation? _____ If Resign - Length of notice offered? _____

Name of Employer: _____
City / State: _____ Phone: _____
Supervisor's Name: _____
From (Mo / Yr): ____ / ____ To (Mo / Yr): ____ / ____ Pay at Start: _____ at End: _____
Describe the work performed: _____

Reason for separation? _____ If Resign - Length of notice offered? _____

Name of Employer: _____
City / State: _____ Phone: _____
Supervisor's Name: _____
From (Mo / Yr): ____ / ____ To (Mo / Yr): ____ / ____ Pay at Start: _____ at End: _____
Describe the work performed: _____

Reason for separation? _____ If Resign - Length of notice offered? _____

Name of Employer: _____
City / State: _____ Phone: _____
Supervisor's Name: _____
From (Mo / Yr): ____ / ____ To (Mo / Yr): ____ / ____ Pay at Start: _____ at End: _____
Describe the work performed: _____

Reason for separation? _____ If Resign - Length of notice offered? _____

Applicant Certification

I understand and agree that if there are certification requirements of the position for which I am applying, my employment and/or continued employment is contingent upon possessing and maintaining said requirements.

I understand that Lenkbar, LLC is a drug-free workplace and drug and/or alcohol testing program consistent with applicable federal, state and local law. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state and local law. I also understand that all employees of Lenkbar, LLC, pursuant to the company’s policy as well as federal, state, and local law, may be subject to post accident and upon suspicion screening designed to detect the presence of alcohol or illegal or controlled drugs. If employed, I understand that the taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo this testing consistent with the company’s policies and applicable federal, state, and local law.

Lenkbar, LLC is an at-will employer as allowed by applicable state law. This means that regardless of any provision in this application, if hired, the company or I may terminate the employment relationship at any time, for any reason, with or without cause or notice. Nothing in this application or in any document or statement, written or oral, shall limit the right to terminate employment at-will. No officer, employee or representative of the company is authorized to enter into an agreement – express or implied – with me or any applicant for employment for a specified period of time unless such an agreement is in a written contract signed by the CEO of the company.

I certify that all of the information on this application, my resume, or any supporting documents I may present during my application process is and will be complete and accurate to the best of my ability. I understand that any falsification, misrepresentation, or omission of any information may result in disqualifications from consideration for employment or, if employed, disciplinary action, up to and including immediate termination.

I authorize the company or its agents to confirm all statements contained in this application and/or resume as it relates to the position I am seeking to the extent permitted by federal, state, and local law. I agree to complete any requisite authorization forms for the background investigation permitted by federal, state and local law.

I authorize and consent to any party or agency contacted by this employer to furnish confirmation of the above mentioned information. I hereby hold harmless, to the extent permitted by federal, state and local law, any party delivering information to Lenkbar, LLC or its authorized representative any liability, claims, charges, or causes of actions which I may have as a result of the delivery or disclosure of the above requested information. I hereby release Lenkbar, LLC from liability and its representatives for seeking such information and all other persons, corporations, or organizations for furnishing such information. Further, if hired, I authorize the company to provide truthful information concerning my employment to future employers and hold Lenkbar, LLC harmless for providing such information.

If hired by Lenkbar, LLC, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to work in the United States. I also understand that this company only employs persons who are legally eligible to work in the United States.

This application will be considered active for a maximum of sixty (60) days. After that time, those persons wishing consideration must reapply.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, ACCURATE AND COMPLETE. DO NOT SIGN UNTIL YOU HAVE READ ALL OF THE INFORMATION CONTAINED IN THE APPLICATION.

Applicant Electronic Signature: _____

Date: ____/____/____