

Position(s) of interest:

*First name:

*Last name:

*E-mail:

*Address line 1:

Address line 2:

*City:

*State:

*Zip:

*Phone:

Mobile/Beeper/Other Phone:

Date available for work:

Type of employment desired (circle): Full-Time Part-Time Internship Seasonal

Are you currently employed?

Have you previously applied at LAS?

If yes, approximately when and for what position?

Are you legally eligible for employment in this country?

If you are under 18, and it is required, can you furnish a work permit?

If no, please explain:

Have you been convicted of a crime in the last seven (7) years?

If yes, please explain. (Conviction will not necessarily be a bar to employment, it will be considered in relation to the position for which you are applying.)

Employment History

Provide the following information on your previous employers, starting with most recent.

Date from:

Date to:

Salary from:

Salary to:

Employer name:

Employer address:

Employer telephone:
Title:
Supervisor & Title:
Nature of work and accomplishments:
Reason for leaving:

Date from:
Date to:
Salary from:
Salary to:
Employer name:
Employer address:
Employer telephone:
Title:
Supervisor & Title:
Nature of work and accomplishments:
Reason for leaving:

Date from:
Date to:
Salary from:
Salary to:
Employer name:
Employer address:
Employer telephone:
Title:
Supervisor & Title:
Nature of work and accomplishments:
Reason for leaving:

Date from:
Date to:
Salary from:
Salary to:
Employer name:
Employer address:
Employer telephone:
Title:

Supervisor & Title:

Nature of work and accomplishments:

Reason for leaving:

Skills and Qualifications

Summarize any training, skills, licenses, and/or certificates that may qualify you to perform job related functions in the position for which you are applying.

Educational Background

Name & Location Years Completed GPA Graduate?

High School

College

Other

If you attended college, what was your major/area of study?

How were you referred to us?

You can attach a copy of your resume and a cover letter. The position you are applying for may require these forms in addition to a completed Employment Application. If that is the case it will be noted in the position description.

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service, whenever it is discovered.

I give the employer the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.

The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without prior notice, except as may be required by law. This application does not

constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

I understand that upon receiving a job offer a drug screen will be required. I further understand that failure to pass the drug screen will be grounds for rejection of my application for employment or for my termination, if already employed prior to the date of the drug screen.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Date ____/____/____