

# EMPLOYMENT APPLICATION FORM



Lighting Maintenance, Inc. (LMI) is an Equal Opportunity and EEO/Affirmative Action employer committed to excellence through diversity. Employment offers are made on the basis of job-related qualifications, and without regard to race, sex, religion, national or ethnic origin, age, disability, veteran status, genetic information, sexual orientation, or any other status protected by law or regulation.

**PLEASE PRINT** Complete the entire application. Answer each question fully and accurately. Your application will be deemed incomplete and may not be considered, if you do not complete all questions. Use a blank piece of paper if you do not have enough room on this application.

## PERSONAL INFORMATION

Name (Last, First, Middle):			Date:	
Street Address:			City, State & Zip:	
Social Security Number:	Home Phone:	Work Phone:	Cell Phone:	
Are you legally eligible to work in the United States?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Email Address:	
Are you 18 years of age or older?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Position Applied For:	
Do you have a valid driver's license?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Driver's License Number, Expiration Date & State:	
Do you have a Commercial Driver's License (CDL)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, list class and endorsements:	
What is your preferred method of contact?	<input type="checkbox"/> Home Phone	<input type="checkbox"/> Cell Phone	<input type="checkbox"/> Email	
If necessary, when is the best time to call you? Between _____ and _____				
Have you ever been employed by LMI?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, provide dates: From: _____ To: _____	
Have you ever submitted an application to LMI?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, give date(s) & positions applied for:	
What date can you start work at LMI?	Desired salary range or hourly rate?			
Will you relocate if the job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of employment desired? Full Time ____ Part Time ____			
Will you travel if the job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you related to any current employee at LMI? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you able to lift 50 pounds? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, name & their relationship to you?			
Are you able to climb ladders and work at heights? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you ever pleaded guilty, no contest, or have been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No (A conviction will not necessarily disqualify an applicant for employment.) If yes, give dates and details:				

**EDUCATION**

Name of School	City/State	Did you graduate?	If no, # of years left to graduate	If yes, date of graduation	Degree received	Major
High School:						
GED:						
Other School:						
College:						
College:						
Other credentials / licenses / professional affiliations, etc., which are relevant to the job for which you are applying:						

**SKILLS & QUALIFICATIONS:** List any licenses and/or certificates that may assist you in performing the position for which you are applying.

Description	Number	Expires

**Indicate the number of year's experience you have for each of the following:**

- |                            |                              |                       |
|----------------------------|------------------------------|-----------------------|
| _____ Power Hand Tools     | _____ Bending Conduit        | _____ 120/240 Voltage |
| _____ Air Compressor       | _____ Puling Wire            | _____ 277/480 Voltage |
| _____ Bucket Trucks <40'   | _____ Skidsteer              | _____ High Voltage    |
| _____ Bucket Trucks 40-60' | _____ Directional Drill      | _____ Control Wiring  |
| _____ Bucket Trucks >70'   | _____ Vacuum Excavator       | _____ Panel Install   |
| _____ Digger Derricks      | _____ Miss Utility           | _____ Transformers    |
| _____ Cranes               | _____ Trench Safety          | _____ Motor Starters  |
| _____ Trailer Loading      | _____ Pole Climbing          | _____ Motors          |
| _____ Trenchers            | _____ Parking Lot Lighting   | _____ Setting Poles   |
| _____ Backhoe              | _____ Street Lighting        | _____ Traffic Control |
| _____ Fork Lift            | _____ Neon Signs             | _____ DVR             |
| _____ Excavator            | _____ Florescent Signs       | _____ Splicing        |
| _____ Ram Hoe              | _____ Sports Lighting Repair | _____ Cable Locating  |
| _____ Welding              | _____ Spot Lighting Build    | _____ Fault Locating  |
| _____ CDL License          | _____ LED Fixtures           |                       |

**COMPUTER SKILLS: (Indicate number of years)**

_____ E-Mail	_____ Excel
_____ Internet	_____ Word
_____ Smart Phone iPhone	_____ AutoCad
_____ GPS Navigation	_____ Estimating
_____ Outlook	_____ Mapping Software

**WORK EXPERIENCE:** Please detail your entire work history. Begin with your current or most recent employer. If you held multiple positions with the same organization, detail each position separately. Attach additional sheets if necessary. Omission of prior employment may be considered falsification of information. Please explain any gaps in employment. Do not complete this information with the notation "See Resume." **PLEASE NOTE:** LMI reserves the right to contact all current and former employers for reference information.

Dates of Employment:		Position Held:	
Company Name:		Address:	
Phone:		Supervisor:	
Starting Salary:	Ending Salary:	May we contact this employer?	
Primary Duties:			

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Company Name:		Address:	
Phone:		Supervisor:	
Starting Salary:	Ending Salary:	May we contact this employer?	
Primary Duties:			

**RELATED INFORMATION:** Is there any additional job-related information you want us to know about you?

**APPLICANT STATEMENT:**

I certify that all information I have provided in order to apply for and secure work with LMI is true, complete and correct.

I expressly authorize, without reservation, LMI, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in the application, resume or job interview. I hereby waive any and all rights and claims I may have regarding LMI, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information.

I understand that LMI does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand this application remains current for only 30 days. At the conclusion of that time, if I have not heard from LMI and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at will, at any time, with or without cause and with or without prior notice, and LMI reserves the right to terminate my employment at any time, with or without cause and 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 supervisor or representative of LMI is authorized to make any assumptions to the contrary and no implied oral or written agreements contrary to the foregoing expressed language are valid unless they are in writing and signed by LMI's president.

I understand that if am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal laws require me to complete an I-9 Form in this regard.

I understand I will be required to successfully pass a drug screening test. I hereby consent to a pre-employment drug screen as a condition of employment.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration from employment, or (ii) may result in my immediate discharge from LMI's service, whenever it is discovered.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT**

I certify that I have read, fully understand, and accept all terms of the forgoing Applicant Statement.

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Signature of Applicant

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Date

## APPLICANT AFFIRMATIVE ACTION & VETERAN STATUS INFORMATION

It is the policy of LMI to provide equal employment opportunity to all qualified applicants for employment without regard to race, sex, religion, national or ethnic origin, age, disability, veteran status genetic information, sexual orientation, or any other status protected by law or regulation. As an affirmative action employer under E.O. 11246 we invite all applicants to identify themselves as indicated below.

**COMPLETION OF THIS FORM IS VOLUNTARY AND IN NO WAY AFFECTS THE DECISION REGARDING YOUR APPLICATION FOR EMPLOYMENT. THIS FORM IS CONFIDENTIAL AND WILL BE MAINTAINED SEPARATELY FROM YOUR APPLICATION FORM.**

PLEASE PRINT

Name	_____	Date	_____
	First Middle Last		
Address	_____		
Position Applied for (list only one)	_____		
<b>Racial Origin (you may mark one or more of the following)</b>			
<input type="checkbox"/>	<b>White (not Hispanic or Latino)</b> – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa		
<input type="checkbox"/>	<b>American Indian or Alaska Native</b> – A person having origins in any of the original peoples of North and South American (including Central America, and who maintains tribal affiliation or community attachment.		
<input type="checkbox"/>	<b>Black or African American</b> – A person having origins in any of the black racial groups of Africa.		
<input type="checkbox"/>	<b>Asian</b> – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent including, for example, Cambodia, China, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.		
<input type="checkbox"/>	<b>Native Hawaiian or Other Pacific Islander</b> – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or Pacific Islands.		
<b>Ethnic Group</b>			
<input type="checkbox"/>	<b>Hispanic or Latino</b> – A person of Cuban, Mexican, Puerto Rican, South or Central American. Or other Spanish culture or origin, regardless of race.		
<input type="checkbox"/>	<b>Not Hispanic or Latino</b>		
<b>Gender</b>			
<input type="checkbox"/>	Male	<input type="checkbox"/>	Female
<b>Veteran Status</b>			
<input type="checkbox"/>	Special Disabled Veteran	<input type="checkbox"/>	Vietnam Era Veteran
<input type="checkbox"/>	Newly Separated Veteran	<input type="checkbox"/>	Other Protected Veteran
<b>Definitions:</b>			
<b>Special Disabled Veteran:</b> Either: a) a veteran who is entitled to compensation (or who would be but for receipt of military retired pay) under laws administered by the Department of Veterans Affairs for a disability (i) rated at 30% or more, or (ii) rated at 10% or 20% in the case of a veteran who has been determined under Section 1506 of Title 38, to have a serious employment handicap; or b) a veteran who was discharged or released from active duty because of a service-connected disability.			
<b>Vietnam Era Veteran:</b> A veteran whose active military, navy or air service (or any part of it) was during the period beginning August 5, 1964 and ending May 7, 1975, provided that either of the following is true: 1) the veteran served on active duty for a period of more than 180 days and was discharged or released with other than a dishonorable discharge, or 2) the veteran was discharged or released from active duty because of a service-connected disability.			
<b>Newly Separated Veteran:</b> A veteran who served on active duty in the U.S. military, ground, naval or air service during the one-year period beginning on the date of such veteran's discharge or release from active duty.			
<b>Other Protected Veteran:</b> A veteran who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized. For guidelines on identifying campaign or expeditions that met this criteria, go to <a href="http://www.opm.gov/veterans/html/vgmetal2.htm">http://www.opm.gov/veterans/html/vgmetal2.htm</a>			
<input type="checkbox"/>	I elect not to identify		