



LAPORTE'S PRODUCTS, INC.



Employment Application

An Equal Opportunity Employer

LaPorte's Products, Inc., is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Applicants requiring reasonable accommodation in the application and/or interview process should notify a representative of the organization.

PLEASE PRINT AND FILL OUT ALL SECTIONS

Applicant Information

Applicants Name:		
Home Phone:	Cell Phone:	Email Address:
Current Address:		Apt/Rm/Lot #
City	State	Zip
How were you referred to LaPorte's Products, Inc?		

Employment Positions

Position(s) applying for:		
Are you applying for:		
Regular part-time work?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Regular full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No
What days and hours are you available for work? (circle all that apply)	If hired, on what date can you start working? (mm/dd/yyyy)	Are you available to work overtime?
M T W Th F Sat Sun		<input type="checkbox"/> Yes <input type="checkbox"/> No
What hours are you available to work?	Salary Desired:	
Start: End:	\$	

Personal Information:

Have you ever applied to / worked for LaPorte's Products, Inc before?		If yes, please explain (include dates of employment):	
[] Yes [] No			
Do you have any friends, relatives, or acquaintances currently working for LaPorte's Products, Inc?		If yes, please state name and relationship:	
[] Yes [] No			
If hired, do you have reliable transportation to and from work?	Are you over the age of 18?	If hired, would you be able to present evidence of your US citizenship?	If hired, are you willing to submit to a controlled substance test?
[] Yes [] No	[] Yes [] No	[] Yes [] No	[] Yes [] No
Are you able to perform the work as described in the job description?	If no, describe the functions that cannot be performed.		
[] Yes [] No			
Have you ever been convicted of a criminal offense (felony or misdemeanor)?	If yes, please describe the crime - state nature of the crime(s), when and where convicted and disposition of the case.		
[] Yes [] No			

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Education, Training and Experience

High School			
School Name:			
School Address:			
School City:		School State:	School Zip:
Number of years completed:	Did you graduate?	Month/Year of graduation:	Degree/Diploma earned:
	[] Yes [] No		

College / University			
School Name:			
School Address:			
School City:		School State:	School Zip:
Number of years completed:	Did you graduate?	Month/Year of graduation:	Degree/Diploma earned:
	[] Yes [] No		

Vocational School			
School Name:			
School Address:			
School City:		School State:	School Zip:
Number of years completed:	Did you graduate?	Month/Year of graduation:	Degree/Diploma earned:
	[] Yes [] No		

Education, Training and Experience (continued)

Military Experience <input type="checkbox"/> Not Applicable			
Branch:			
Rank:	Dates of Service:	Length of Service:	Type of Discharge:
Skills and duties:			
Related details: (please detail any skills that are directly related to the job(s) that you are applying for:			

Other Experience:	
Do you speak, write or understand any foreign languages? If yes, indicate which language(s) and how fluent you consider yourself to be.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have any other experience, training, qualifications, or skills which you feel should be brought to our attention, in the case that they make you especially suited for working with us?	If yes, please explain
<input type="checkbox"/> Yes <input type="checkbox"/> No	

Employment History

Are you currently employed?	If yes, may we contact your current employer?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please describe past and present employment positions, dating back three years.
Please account for all periods of unemployment.

EVEN IF YOU HAVE ATTACHED A RESUME, THIS SECTION MUST BE COMPLETED.

Name of Employer:		
Name of Supervisor:	Telephone Number:	Business Type:
Address:		
City	State	Zip
Salary:	Length of Employment:	Position
[] Hour [] Year	Years Months	
Reason for Leaving:	May we contact this employer for references?	
	[] Yes [] No	

Name of Employer:		
Name of Supervisor:	Telephone Number:	Business Type:
Address:		
City	State	Zip
Salary:	Length of Employment:	Position
[] Hour [] Year	Years Months	
Reason for Leaving:	May we contact this employer for references?	
	[] Yes [] No	

Employment History (continued)

Name of Employer:		
Name of Supervisor:	Telephone Number:	Business Type:
Address:		
City	State	Zip
Salary:	Length of Employment:	Position
[] Hour [] Year	Years Months	
Reason for Leaving:	May we contact this employer for references?	
	[] Yes [] No	

Name of Employer:		
Name of Supervisor:	Telephone Number:	Business Type:
Address:		
City	State	Zip
Salary:	Length of Employment:	Position
[] Hour [] Year	Years Months	
Reason for Leaving:	May we contact this employer for references?	
	[] Yes [] No	

References

List below three persons who have knowledge of your work performance within the last three years. Please include professional references only.

Reference #1		
Name (First and Last Name)		
Telephone Number:	Occupation:	How long have you know this person?
		Years
Address:		
City	State	Zip

Reference #2		
Name (First and Last Name)		
Telephone Number:	Occupation:	How long have you know this person?
		Years
Address:		
City	State	Zip

Reference #3		
Name (First and Last Name)		
Telephone Number:	Occupation:	How long have you know this person?
		Years
Address:		
City	State	Zip

PLEASE READ AND INITIAL EACH PARAGRAPH, THEN SIGN BELOW

Initials I certify that I have not purposely withheld any information that might adversely affect my chances for hiring.

Initials I attest to the fact that the answers given by me are true & correct to the best of my knowledge and ability.

Initials I understand that any omission (including any misstatement) of material fact on this application or on any document used to secure employment can be grounds for rejection of application and termination of employment.

Initials I understand that if I am employed, my employment is not definite and can be terminated at any time either with or without prior notice, and by either me or the company.

PLEASE READ AND SIGN BELOW

I permit the company to examine my references, record of employment, education record, and any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers & all other persons, corporations, partnerships & associations from any & all claims, demands or liabilities arising out of or in any way related to such examination or revelation.

Applicant's Signature Date

You may submit this application and any attached resumes in the following ways:

Mail in or drop off location:

LaPorte's Products, Inc.
4651 Franchise Street
North Charleston, SC 29418

Email:

Please scan your application and all attached documents as PDF file and email it to:
info@ttopcovers.com
Include the words "Job Application" in the subject line.