## Lonnie Lischka Company, LP

## **EMPLOYMENT APPLICATION**

basis of sex, age, race, colo fully and accurately answere until all questions have been	r, religion, nationa d. No question on n answered. Use illable only to pers	l origin, m this applic blank pap	ink. Lonnie Lischka Compan ental or physical disability, m ation is intended to secure in per if you do not have enoug have a "need to know" or as	arital or veteran status or an formation to be used for such h room on this application.	y other legally discrimination. PLEASE PRIN	protected statu No action can Γ, except for s	s. Each question should be be taken on this application ignature on Application. All	
			I. PERSONAL	INFORMATION				
Last Name	Fir	First		Middle		Today's Date		
Street Address			Length of time at this ac	ddress:	Home Phor ( )	ne		
City	Sta	ate		Zip		Cell Phone ( )		
Have you ever been involuntarily terminated or requested to resign?  Yes No If hired, can you provide legal right to work in the No								
If you are under age 18, o □ Yes □ No	do you have a w	ork pern	nit?	If hired, would you have reliable transportation to and from work? $\Box$ Yes $\Box$ No				
Do you have a valid drive history needed) HAZMA Driver's license number:					CDL (copy of li	cense, medi	cal card, and driver	
Have you ever worked under a different name?  Yes  No If "Yes" Name:				Do you have friends or relatives working for Lonnie Lischka, LP? □Yes □ No If "Yes" Name and relationship:				
Do you have any physical or health disabilities? □ Yes □ No If yes, please explain:								
Military Service: List brar	nch, dates of sei	rvice, rar	nk, type of discharge, rese	rve obligation:				
Have you ever been conv (convictions will not nece				es" list offense, Date and	Disposition of	the Case		
Have you ever been conv □ No □ Yes – give detail		y or no c	ontest, or forfeited bond o	r bail for any traffic violati	ons in the pas	st three years	s?	
	ils: (Answering "Yes	" to these q	ontest, or forfeited bond on uestions does not constitute an au					
			II. EMPLOYME	NT INTERESTS				
Position Desired	Position Desired Date Available			Salary Desired Would you be willing overtime?   Yes			U U	
Type of Employment Desired     Days and hours available for work:       Regular     □       Temporary     □								
How were you referred to □Other (Please specify)	our company?		□ Ad (where) □ Walk-in		Employee	Referral (Na	me)	
			III. EDUCATION	INFORMATION				
School Level	Name and Loc of School		Course of Study	Dates Attended	Did gradu		Degree or Diploma Received	
High School					□ Y	□ N		
College/University					□ Y	□ N		
Business/Trade Technical					□ Y	□N		

IV. SKILLS - If Applicable for Position for Which You Are Applying							
Foreign Languages (indicate proficiency to speak, read and write)							
PC Skills (Indicate software used)							
Describe mechanical backgro	ound that may be related	to the job desired:					
Do you read blueprints? □ Yes □ No		Do you read schen □ Yes □ No	natics?		Do you have □ Yes □ N Years:	welding experie lo	nce?
	MSHA Tra	ining? □ Yes □ No	OSHA Traini	ng? □ Yes □ N	lo		
EQUIPMENT DESCRIPTION	MODEL # / SIZE	6 MONTHS	1 YEAR	2 YEARS	3 YEARS	4 YEARS	5 OR MORE
Road Broom Sweeper							
Rollers/Packers							
Water Truck/Water Wagon							
Front-End Loader							
Farm Tractors							
Articulating Tractors							
Articulating Tractor w/Scraper Unit							
Mixer/Reclaimer							
Articulating Haul Trucks (Off Road)							
Tandem Axle Dump Trucks (CDL)							
Tractor Trailer Trucks (CDL)							
Lube/Service Truck							
Heavy Equipment Hauling (CDL)							
Bull Dozer Operation (Clearing, etc.)							
Bull Dozer (Finish Grade)							
Back-hoe							
Track-hoe (track and rubber tired) Excavator							
Motor-Grader Operation							
Motor Grader (Finish Grade)							
GPS Operation on Dozers, Motor Graders, Excavators, Tractors, etc.							
Fork Lift							
Skid Steer							
Other:							
Other:							
Other:							
Other:							
Please describe any other ex	perience, abilities or skill	s that might be helpf	ul in considering	g your applicatio	on:		

V. EMPLOYMENT INFORMATION (Start with Current or Most Recent Employer)							
1	Company Name		Phone ()		From Mo./Yr.	To Mo./Yr.	
	Street Address	City		State	Zip	Starting Pay \$	Ending Pay \$
	Job Title	Duties/Equipment Operated:			Reason for leaving		
	Supervisor Name					May we contact this employer?	
2	Company Name	Phone ( )		From Mo./Yr.	To Mo./Yr.		
	Street Address	City		State	Zip	Starting Pay \$	Ending Pay \$
	Job Title	Duties/Equipment Operated: Reason for lea		Reason for leaving	leaving		
	Supervisor Name				May we contact this employer? □ Yes □No		
3	Company Name	_	Phone (	)		From Mo./Yr.	To Mo./Yr.
	Street Address	City		State	Zip	Starting Pay \$	Ending Pay \$
	Job Title	Duties/Equipment Operated: Reason for leaving					
	Supervisor Name	May we contact this employer? □ Yes □ No					
4	Company Name	_	Phone (	)		From Mo./Yr.	To Mo./Yr.
	Street Address	City		State	Zip	Starting Pay \$	Ending Pay \$
	Job Title	Duties/Equipment Operated: Reason for leaving					
	Supervisor Name May we contact this employer?				loyer?		
VI. REFERENCES							
NAME		ADDRESS			F	PHONE	
VII. ACKNOWLEDGMENT							
Please read carefully, initial each paragraph, and sign below							
Initial I authorize any person, school, current employer (except as expressly noted), past employer(s), and organizations named in this application form (and accompanying resume or other documentation, if any) to provide LONNIE LISCHKA COMPANY, L.P. with relevant information and opinion, personal or otherwise, that may be useful in making a hiring decision. I release all parties from all liability for any damage that may result from furnishing information and opinion to you.							

Initial	In consideration of employment, I agree to obey the rules and standards of LONNIE LISCHKA COMPANY, L.P. understand that nothing contained in this application or in the interview process is intended to create a contract between LONNIE LISCHKA COMPANY, L.P. and myself for either employment or for the providing of any benefits. agree that my employment is at-will and the terms of employment may be changed with or without cause, with or without notice, including but not limited to termination, demotion, promotion, transfer, compensation, benefits duties and location of work, at any time, for any reason, at the option of myself or LONNIE LISCHKA COMPANY L.P. This constitutes my entire agreement with LONNIE LISCHKA COMPANY, L.P. with regard to the length or my employment.			
Initial	I understand that as a condition of employment I may be required to take a pose examination that may include an alcohol and drug test. I further understand that at a may be required to take a physical examination which may include an alcohol reasonably suspects a condition exists that will prevent me from performing my endanger my own health or the safety and health of others. I authorize all provid me to disclose to LONNIE LISCHKA COMPANY, L.P. or its agents, all medical ir examinations. I further authorize LONNIE LISCHKA COMPANY, L.P. to disclose persons, if at any time my medical condition is put at issue in any proceeding by my have a disability that will affect my ability to take the test, I will so inform LONNIE that a reasonable accommodation can be made. LONNIE LISCHKA COMPANY, I medical documentation concerning the need for accommodation.	ny time during my employment, I and drug test if management job in a manner that does not ers of health care who examine nformation revealed during such e such information to any other self or others. In the event that I <b>LISHCKA COMPANY, L.P.</b> so		
Initial	I understand that all offers of employment are conditioned upon my providing satisfa identity and legal right to live and work in the United States.	actory documentary proof of my		
Initial	I hereby acknowledge that I have read the above statements and understand them applicant, have personally completed this application. I declare under penalty of p the application (or any resume or other documents submitted) are true and comple understand that any misrepresentations or omissions (whether intentional or unint further consideration for employment, and will be justification for my dismissal from later date.	erjury that the facts contained in te to the best of my knowledge. I entional) will disqualify me from		
Applicar	t Signature:	Date:		

## Office Use only

Date of Hire:	and/or Transfer:
Job Hired for:	

New hire:\_\_\_\_\_ Re-Hire: \_\_\_\_\_