

Answer all questions completely in your handwriting in ink. Lonnie Lischka Company, LP is an equal employment opportunity employer and does not discriminate on the basis of sex, age, race, color, religion, national origin, mental or physical disability, marital or veteran status or any other legally protected status. Each question should be fully and accurately answered. No question on this application is intended to secure information to be used for such discrimination. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application. PLEASE PRINT, except for signature on Application. All information given will be available only to persons who have a "need to know" or as required by law. Lonnie Lischka Company, LP will make reasonable accommodations in the application process, if needed.

I. PERSONAL INFORMATION

Last Name	First	Middle	Today's Date
Street Address		Length of time at this address:	Home Phone ()
City	State	Zip	Cell Phone ()
Have you ever been involuntarily terminated or requested to resign? <input type="checkbox"/> Yes <input type="checkbox"/> No		If hired, can you provide verification of your legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security Number - -
If you are under age 18, do you have a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No		If hired, would you have reliable transportation to and from work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a valid driver's license? <input type="checkbox"/> No <input type="checkbox"/> Yes – what type: <input type="checkbox"/> Operator's (Private Vehicle) <input type="checkbox"/> CDL (copy of license, medical card, and driver history needed) HAZMAT Endorsement <input type="checkbox"/> Yes <input type="checkbox"/> No Driver's license number: _____ State/Exp. _____			
Have you ever worked under a different name? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" Name: _____		Do you have friends or relatives working for Lonnie Lischka, LP? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" Name and relationship: _____	
Do you have any physical or health disabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____			
Military Service: List branch, dates of service, rank, type of discharge, reserve obligation: _____			
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" list offense, Date and Disposition of the Case (convictions will not necessarily disqualify you for the position)			
Have you ever been convicted, pled guilty or no contest, or forfeited bond or bail for any traffic violations in the past three years? <input type="checkbox"/> No <input type="checkbox"/> Yes – give details: _____			
Have you ever been convicted, pled guilty or no contest, or forfeited bond or bail for any crime other than minor traffic violations? <input type="checkbox"/> No <input type="checkbox"/> Yes – give details: (Answering "Yes" to these questions does not constitute an automatic rejection for employment. Date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be considered.)			

II. EMPLOYMENT INTERESTS

Position Desired	Date Available	Salary Desired	Would you be willing to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Employment Desired Regular <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Part-Time <input type="checkbox"/>		Days and hours available for work: _____	
How were you referred to our company? <input type="checkbox"/> Ad (where) _____ <input type="checkbox"/> Employee Referral (Name) _____ <input type="checkbox"/> Other (Please specify) _____ <input type="checkbox"/> Walk-in			

III. EDUCATION INFORMATION

School Level	Name and Location of School	Course of Study	Dates Attended	Did you graduate?	Degree or Diploma Received
High School				<input type="checkbox"/> Y <input type="checkbox"/> N	
College/University				<input type="checkbox"/> Y <input type="checkbox"/> N	
Business/Trade Technical				<input type="checkbox"/> Y <input type="checkbox"/> 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 background that may be related to the job desired:

Do you read blueprints?
 Yes No

Do you read schematics?
 Yes No

Do you have welding experience?
 Yes No
 Years:

MSHA Training? Yes No OSHA Training? Yes No

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 experience, abilities or skills that might be helpful in considering your application:

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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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 leaving	
	Supervisor Name				May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	

VI. REFERENCES

NAME	ADDRESS	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.
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