

**EMPLOYMENT APPLICATION
FOR**

Lindsey Rentals and Sales, Inc.

EQUAL OPPORTUNITY EMPLOYER

Please **print** and drop off or fax to 573-874-5619

DATE _____

Name _____

MUST have a Valid Drivers License! Drivers License

Address _____ City _____ Zip _____

Phone#1 _____ #2 _____ Are you 18 yrs. or older? _____

What Position applying for? _____ Date you can start _____

Are you employed now? _____ If so, may we contact your employer _____

Phone # _____ Name _____

Reason for leaving? _____

Did anyone refer you? _____ If so who? _____

Highest Education _____ Your Future Plan: _____

**PLEASE LIST YOUR LAST THREE EMPLOYERS, STARTING
WITH THE MOST RECENT:**

Employer _____ **Phone** _____

Supervisor _____ Date Started _____ Ended _____

Reason for leaving: _____

Employer _____ **Phone** _____

Supervisor _____ Date Started _____ Ended _____

Reason for leaving: _____

Employer _____ **Phone** _____

Supervisor _____ Date Started _____ Ended _____

Reason for leaving: _____

Turn over*

PERSONAL (coworkers, friends etc) REFERENCES:

Name _____ Phone _____

Name _____ Phone _____

WOULD YOU BE WILLING TO HAVE A DRUG TEST? _____

Our Hours are 7:30-5:30 Monday thru Friday 7:30-3 Saturdays

Part time and If you are a student, Please state your class times below:

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Attach additional information if necessary.

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. This company is hereby authorized to make any investigations of my prior educational and employment history. I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment will continue on that basis. I understand that no supervisor, manager, or executive of this company, other than the president has the authority to alter the foregoing.

Signature _____ Date _____

CALLED _____

INTERVIEWED BY _____ DATE _____

NOTES: _____

