

LES EMPLOYMENT APPLICATION

Lincoln Electric System ■ 1040 O Street ■ P.O. Box 80869 ■ Lincoln, NE 68501-0869 ■ 402.473.3285



Last Name (Please Print)		First Name		Middle Name
Street Address	Apt. No.	City	State	ZIP Code
E-mail Address		Telephone No.		Other Phone No.

Lincoln Electric System (LES) is an EQUAL OPPORTUNITY EMPLOYER. LES does not discriminate because of race, color, religion, gender, disability, national origin, age, marital status, veteran status, or political opinions or affiliations. No person shall be employed who advocates terrorism or the violent overthrow of our government.

This application form is to be used when applying for all positions at LES. Please answer all questions to the best of your ability. Information provided herein determines further employment consideration.

Position Applying For	Salary Desired	Today's Date
How did you hear about our opening? (Check all that apply)		
<input type="checkbox"/> LES.com <input type="checkbox"/> Job Fair <input type="checkbox"/> Newspaper <input type="checkbox"/> Referral from _____ <input type="checkbox"/> School Career Services <input type="checkbox"/> Employment Services <input type="checkbox"/> Other Web sites _____		
Work Preferences: (Check all that apply)		
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonally <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights <input type="checkbox"/> Weekends <input type="checkbox"/> Rotating Shifts		
Date available to begin work?	Previous employment at LES?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, which year? _____	
Valid driver's license?	License Number	
<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, which state?		
Valid Commercial Driver's License?	License Number	
<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, which state?		
Felony Conviction? Note: A conviction record is NOT an automatic bar to employment. Each situation, depending on the position applied for, will be considered on its own merits. <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide where and explain.		
Special skills and qualifications, licenses, PC software applications, machines, heavy equipment, etc.		

EDUCATION AND TRAINING

SCHOOL	NAME AND LOCATION	MAJOR FIELD OF STUDY	TYPE OF DIPLOMA, DEGREE OR CERTIFICATE RECEIVED	GRADE POINT AVERAGE
College or University				
Business or Vocational				
High School				
Military or Technical				
Apprentice Programs				
Other (Specify)				

Describe other fields of study, special awards, recognition and internships or on-the-job training received.

REFERENCES

List up to three references with knowledge of background and qualifications.

Name	Telephone No.	E-mail Address	
Mailing Address	City	State	ZIP Code
Name	Telephone No.	E-mail Address	
Mailing Address	City	State	ZIP Code
Name	Telephone No.	E-mail Address	
Mailing Address	City	State	ZIP Code

EMPLOYMENT HISTORY

List positions beginning with most recent. A resume may be submitted, but will not replace information required in this section.

Company		Employment Dates From _____ To _____ Mo/Yr Mo/Yr	
Address		Telephone No.	
City		State	ZIP Code
Your Position Title	Name & Title of Immediate Supervisor		May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
What did you like best about this position?			
What did you like least about this position?			
Starting Salary	Present or Final Salary		
Reason for Leaving			
Your Duties & Scope of Responsibility			

Company		Employment Dates From _____ To _____ Mo/Yr Mo/Yr	
Address		Telephone No.	
City		State	ZIP Code
Your Position Title	Name & Title of Immediate Supervisor		May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
What did you like best about this position?			
What did you like least about this position?			
Starting Salary	Present or Final Salary		
Reason for Leaving			
Your Duties & Scope of Responsibility			

Company		Employment Dates From _____ To _____ Mo/Yr Mo/Yr	
Address		Telephone No.	
City		State	ZIP Code
Your Position Title	Name & Title of Immediate Supervisor		May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
What did you like best about this position?			
What did you like least about this position?			
Starting Salary	Present or Final Salary		
Reason for Leaving			
Your Duties & Scope of Responsibility			

IF MORE THAN THREE PREVIOUS EMPLOYERS, LIST OTHERS HERE.

Employment Dates		Company and Address	Position or Type of Work	Salary or Wage	Reason for Leaving
From	To				

LES wants to clearly understand your background and work history. Additional information can be provided in the space below.

APPLICANT'S CERTIFICATION AND AGREEMENT

- I understand that, as a condition of employment, LES is authorized to perform credit and/or criminal record checks, or any other type of reference or background check LES believes is necessary.
- I certify that the answers given and statements made are true and correct to the best of my knowledge.
- I understand that any falsification or misrepresentation on this or any attached document can result in my discharge in the event I am employed by LES.
- I authorize my previous employers to furnish information concerning my employment records.
- I release LES from liability or damages incurred as a result of any inquiry and obtaining of employment and reference information.
- I understand that if LES extends an offer of employment, it will be contingent upon passing a pre-employment drug test at LES' expense and providing any and all information required to complete background and reference checks.
- I understand that, depending on the position, a physical exam at LES' expense may be a pre-condition for employment.
- I understand and acknowledge that, in the absence of any formal written employment agreement or contract, any employment resulting from this application will be at will employment, which may be terminated at any time by either LES or me.

If you are submitting your application online, go to A below. If you are handwriting your application, go to B below.

A I have read and understand the Applicant's Certification and Agreement.

B

Applicant's Signature	Date Signed
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HUMAN RESOURCES USE ONLY		INTERVIEW		DISPOSITION
		N	Y	
DATE	POSITION APPLIED FOR			
	COPIES TO			