



L. F. Manufacturing, Inc.
Application for Employment

*5528 E. Highway 290
Giddings, TX 78942
Phone: 800-237-5791
Fax: 979-542-0911*

*300 W. Riddleville Rd.
Karnes City, TX 78118
Phone: 800-237-5791
Fax: 979-542-0911*

*2450 Industrial Boulevard
Waycross, GA 31503
Phone: 912-285-7576
Fax: 912-285-7553*

Dear Prospective Employee,

Thank you for your interest in employment with our Company. We appreciate your application and look forward to the possibility of you joining our team. This sheet is for your information. Please read it carefully!

If you need any assistance or accommodation to facilitate the filling out of this form or during any of the application process, please notify the person who gave you this form and every effort will be made to provide you with the help you request.

Please complete the application portion of this form. Do not complete any other portions until asked to do so. Please print all information so it can be easily read. Be certain that all forms are completely filled out and that you sign them. Incomplete information forms will not be considered. Use the abbreviation "N/A" if a particular provision or section in the form is not applicable to you. If you need additional space, you may use the back of the form.

This application form is intended for use in evaluating your qualifications for employment. This is not a contract for employment. False or misleading information given in this form or during the interview process are grounds for terminating the application process or, if discovered after employment, for terminating employment.

Employment decisions are made solely on the basis of qualifications to perform the work for which you are applying. Qualifications include education, training, and work experience. Credentials and experience will be verified through schools, former employers, and any other applicable sources. As an Equal Opportunity Employer, we make decisions to hire and promote without regard to race, color, creed, national origin, sex, physical or mental disability (unrelated to ability to perform the job), or age (as defined by law).

Once again, we appreciate your interest!

I have read and understood the above information.

Signature

Date

APPLICATION FOR JOB OFFER

Today's Date _____

Position applying for? _____

Desired Salary: _____

PERSONAL INFORMATION

Name: _____
(Last) (First) (Middle)

SS#: _____

Current Address: _____

Permanent Address (if different): _____

Prior Address: _____

Phone Number: _____ Alternate #: _____

Are you age 19 or older? Yes No

If no, please provide your birth date: _____

Are you eligible to work in the U.S.? Yes No

Notify in case of emergency: _____ Phone # _____

Have you ever been convicted of a felony? Yes No

If yes, please explain _____

City / State _____ Charge _____

EDUCATION

Circle the highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
GED

Name and address of last school attended: _____

Vocational or Business schools attended: _____

EMPLOYMENT HISTORY

In order for your application to be considered, every question must be answered. Correct phone numbers are very important.

Are you currently employed? Yes No

We routinely contact an applicant's current employer for reference checks.

Would this cause a problem for you? Yes No

If yes, please explain: _____

CURRENT OR MOST RECENT EMPLOYER

Name _____ Phone _____

Address _____

Position / Duties _____ Salary _____

From _____ to _____ Supervisor _____

Reason for leaving _____

NEXT PREVIOUS EMPLOYER

Name _____ Phone _____

Address _____

Position / Duties _____ Salary _____

From _____ to _____ Supervisor _____

Reason for leaving _____

NEXT PREVIOUS EMPLOYER

Name _____ Phone _____

Address _____

Position / Duties _____ Salary _____

From _____ to _____ Supervisor _____

Reason for leaving _____

REFERENCES

Please list 3 people that are familiar with your work capabilities. Do not list relatives.

1. _____
Name Address Phone # (if known)

Position Yrs known

2. _____
Name Address Phone # (if known)

Position Yrs known

3. _____
Name Address Phone # (if known)

Position Yrs known

EMPLOYEE LIABILITY, NEGLIGENCE, ERROR, OR OMISSION

(Responsabilidad, Negligencia, Error, Oimision del Empleado)

If at anytime an incident occurs where I am at fault, I understand that I will be financially responsible for the cost to rectify the damage, or the deductible in relation to an insurance claim. I also understand that I am responsible for any necessary repairs that are needed as a result of my negligence, error, or omission. I hereby authorize L.F. Manufacturing, Inc. to deduct such costs from my next available earned income.

(Si en algun momento un accidente ocurre en donde yo este en culpa, yo entiendo que yo sere responsable economicamente por los cobros para corregir los danos, o los descuentos en relacion con una demanda de seguridad. Tambien entiendo que so soy responsable por cualquier reparacion que sea necesario que se necesite que resulta por mi Negligencia, error, o imision. Yo autorizo a L.F. Manufacturing, Inc., a hacer este descuento de mi proximo ingreso ganado.)

Adelantos o Prestamos Sobre el Jornal)

MERCHANDISE PURCHASE

(Compra de Mercancia)

L.F. Manufacturing, Inc., is authorized to deduct from my next earned income, the full amount of any merchandise ordered by me for my personal use and invoiced to L.F. Manufacturing, Inc.

(L.F. Manufacturing, Inc, esta autorizada a deduat de mi proximo ingreso ganado disponible, la suma complete de cualquier mercancis que yo haya comprador y ordenado para mi uso personal y factura a L.F. Manufacturing, Inc)

UNIFORMS AND EQUIPMENT LOST OR NOT RETURNED

(Uniformes y Equipo Perdidos o no Retornados)

L.F. Manufacturing, Inc. is authorized to deduct from my next available earned income, the full payment for any uniforms and or equipment lost, damaged, or altered for size or style change, or not returned.

(L.F. Manufacturing, Inc. esta autorizada a deducir de mi proximo ingreso ganado disponible, la suma compleere por cualquier uniforme y equip que yo haya perdido, danado, alterado o no retornado.)

I have read and understood the above.

(He leido y entiendo esta notificacion.)

Date
(Fecha)

Signature
(Firma)

DRUG AND ALCOHOL TEST

(De Drogas y Alcohol Prueba)

I understand and agree that the management of L.F. Manufacturing, Inc. may request a drug and or alcohol test of me at anytime.

(Yo entiendo y acepto que la gerencia de L.F. Manufacturing, Inc. puede requerir que tome una prueba para me.)

Such a test will be conducted by a local recognized testing company that normally conducts such testing as a usual business activity. I understand the results of such a drug and alcohol test will not be revealed to anyone except management of L.F. Manufacturing, Inc.

(Dicha prueba sera conducida por una compania reconocida para efectuar pruebas de esta indole que normalmente hace de esto su actividad normal de negocio Yo entiendo que los resultados de esta prueba de Drogas y alcohol no sera revelada a nadie ma que a la gerencia de L.F. Manufacturing, Inc..)

I further agree that I will not apply for and I waive all rights to unemployment compensation benefits should I be discharged for failing to receive an acceptable result from any drug or alcohol test conducted for me.

(Yo Tambien acepto que no aplicare y renunciare a todos los derechos de beneficios de compensacion de desempleo si me despiden por haber fracasado de recibir un resultado acceptable for cualquier clase e prueba de Drogas y alcohol que me hayan hecho.)

I understand that the Company requests such information as a part of its continuing efforts to maintain the highest quality of safety program and assure all employees a safe work environment.

(Yo entiendo que la compania necesita esta informacion para mantener un mayor programa de seguridad para todos los empleados.)

CONSENT TO RELEASE WORKERS COMPENSATION HISTORY REPORT

(Libertad de informacion de aseguranza de compesacion del trabajador)

In connection with my application for employment with this company, I understand that you will be requesting a Workers Compensation Previous History Report from the Texas Workers Compensation Board or from some other qualified agency which provides this, which will include information about any claims I may have files on Workers Compensation Insurance.

(En coneccion con mi aplicacion para trabajar con usted yo entiendo que la compania calificada para darlo, que incluire informacion de cualquier beneficio que yo haya recibido de la oficina del seguro de compensacion del trabajador.)

I hereby consent to you obtaining this information.

(Yo autorizo a ustedes a obtener dicha informacion)

Date

Signature

(Fecha)

(Firma)

NOTICE TO EMPLOYEES

(Adviso a todos los Empleados)

L.F. Manufacturing, Inc. has workers compensation insurance coverage from Employers General Insurance Group to protect you. You can get more information about your workers compensation rights from any office of the Texas Workers Compensation Commission or by calling 1-800-252-7031.

You may elect to retain your common law right of action if no later than five days after beginning employment, you notify L.F. Manufacturing, Inc. in writing that you wish to retain your common law right of action, and you cannot obtain workers compensation income or medical benefits if you are injured.

(L.F. Manufacturing, Inc. esta cubierto por aseguranza de compensacion al trabajador atraves de Employers General Insurance Group para su proteccion. Usted puede obtener informacion adicional sobre sus derechos de compensacion al trabajador de cualquier oficina de la Comision de Compensacion de Trabajadores de Tejas, o puede llamar al 1-800-252-7031.

Usted puede elegir retener su derechos a acciones bajo la ley comun, si, no L.F. Manufacturing, Inc. por escrito que usted deseaa retener su derechos bajo la ley comun para recobrar danos por lecciones personales. Si usted elige su derechos de accion por la ley comun, usted no puede obtener ingreso de compensacion al trabajador o beneficios medicos si es usted lesionado/a.)

I have read and understood the above.

(He leído y entiendo esta notificación.)

Date

(Fecha)

Signature

(Firma)

PERSONAL INFORMATION OF EMPLOYEE

(Informacion Personal del Empleado)

I hereby authorize L.F. Manufacturing, Inc. to investigate all facts contained in my application for employment with said business and authorize the release of any and all information by my present and past employers wherever located, which may be required for a reference check.

(Por la presenta autorizo a L.F. Manufacturing, Inc. investigar todos los hechos que contiene mi aplicacion de empleo con esta empresa, y autorizo a dar liberated de cualquier informacion de mi actual, y mis pasasos empleadores donde esten localizado, que seran requeridos para dar referencias.)

I further authorize all my previous employers and current employer to give any and all information concerning my employment and other pertinent information which said employers may have. This does not include medical information. I release all parties from all liabilities for any damages which may result from the furnishing of said information.

(Tambien autorizo a todos mis empleadores previous a dat cualquier y/o toda informacion concerniente a mi empleo y otra informacion pertinente que dicho empleador puedo tener, sin

incluir informacion medica. No culpare a ninguna de las partes por los danos que puedan resultar de la informacion que puedan dar.)

In connection with evaluating me for employment, I authorize L.F. Manufacturing, Inc. to obtain a report containing information regarding my prior work related injuries, claims, lawsuits, and criminal history.

(En coneccion con mi evaluacion para el empleo, you autorizo a L.F. Manufacturing, Inc. para mantener un reprte que contiene informacion que tenga que ver con lastimaciones de mi empleoe anterior, reclamaciones y demandas, y historia criminal.)

A copy of this release shall be as valid as the original.

(Una copia de este permiso es tan valida como la original.)

MEDICAL RELEASE OF INFORMATION AUTHORIZATION

(Autorizacion de Entrego de Informacion Medico)

All medical information is strictly confidential; however, I, _____ authorize the Physician, and or any health care provider/ facility to release/ disclose all information concerning my WORK-RELATED condition or treatment to L.F. Manufacturing, Inc. for the purpose of case management and coordination of my care and any party that is or may be liable for all or part of the medical charges, or to determine benefit entitlements for any work-related injury of disease incurred while employed with L.F. Manufacturing, Inc.

(Todo informacion medico se mantiene es confianza maxima; no obstante, yo, _____, autorizo al medico y/o proveedores de servicios de salubridad que entregen toda informacion sobre mi condicion y tratamiento relacionado con L.F. Manufacturing, Inc. con el proposito de maejar y coordinar mi tratamiento y cualquier persona o partido que es o seria responsable por todo o parte de los cargos medico o para determinar beneficios de cualquier herida o enfermedad relacionada al trabajo y que haya ocurrido duante mi empleo con L.F. Manufacturing, Inc.

I hereby release the above mentioned parties from any liability arising from such disclosure. A reproduction of this authorization shall be valid as the original for the duration of my employment with L.F. Manufacturing, Inc.

(Asi que la culpabilidad que pueda resultar de esto sobre los partidos mencionados, la remuevo. La reproduction de esta autorizacion serva valida Como documento original mientras Este empleado con L.F. Manufacturing, Inc)

I have read and understood the above.

(He leido y entiendo esta notificacion.)

Date
(Fecha)

Signature
(Firma)

APPLICANT CERTIFICATION AND AGREEMENT

I certify that all the information given on this application is true, correct, and complete to my knowledge. I also certify that I have accounted correctly for my work experience, education, and training.

I understand that misrepresentation or omission of facts will be due cause of cancellation of my consideration for employment, or dismissal, once employed. I authorize the Company and or its agents, including consumer and or credit reporting bureaus, to verify any information contained in this application, including, but not limited to, criminal history or motor vehicle driving records (if driving is an essential function of the position). I authorize all persons, schools, companies, and law enforcement authorities to release any information concerning my background an hereby release any said persons, schools, companies, and law enforcement authorities from any liability for any damage whatsoever for issuing this information.

I further understand and agree that employment by this Company will be “at will”. That is, either the Company or I may end the employment relationship at any time for any reason or for no reason. Also, I understand that no representative of the Company has the authority to enter into any agreement with me for employment for any specific period of time or make any agreement with me contrary to the foregoing.

I further certify that I have no obligations to the following conditions concerning my employment:

1. Submitting to a medical review and an examination by a medical professional chosen by the Company after a conditional job offer has been made and before reporting for work, as determined by the essential functions of the job and Company policy. This review may include a Workers’ Compensation Previous History Review.
2. Taking a physical agility test if required the essential functions of a specific position.
3. Submitting to a drug and alcohol examination when requested by the Company as stated in the Company Drug and Alcohol Testing Policy.
4. Demonstrating the skill and ability to perform the essential functions of the assigned job.
5. Available for over-time.
6. Returning all Company issued items at the time of termination.
7. Abiding by the rules and regulations of the Company.
8. Available to work at the prevailing rate at the time, if assigned to another shift, department, or job.
9. Submitting to a security search when requested by the Company.

Date
(Fecha)

Signature
(Firma)

Social Security Number
(Numero de Seguro Social)

Printed Name
(Nombre en letra de molde)

Signature of Employer’s Representative
(Firma del representante del empleador)