



LAMINATING • COATING • TECHNOLOGIES INC.

APPLICATION FOR EMPLOYMENT

Please print all information except signature.

PLEASE COMPLETE ALL SECTIONS - PARTIALLY COMPLETED APPLICATIONS WILL NOT BE ACCEPTED

Applicants for employment are considered without regard to race, religion, color, national origin, age, sex, disability, sexual orientation, or veteran's status. Lamcotec may conduct a background check as a condition of employment.

GENERAL INFORMATION

Today's Date \_\_\_\_\_

Position Applied For \_\_\_\_\_

Referral Source [ ] Newspaper [ ] Friend [ ] Relative [ ] Employment Agency [ ] Internet Search [ ] Professional Journal [ ] Walk-in [ ] Other \_\_\_\_\_

Name \_\_\_\_\_ Last First Middle

Address \_\_\_\_\_ Number Street City State Zip

Home Telephone (\_\_\_\_) \_\_\_\_\_ Social Security No. \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ E-mail address \_\_\_\_\_

Have you ever used any other names or social security numbers? [ ] Yes [ ] No If yes, please explain on back of this page.

If under 18, can you provide a work permit? [ ] Yes [ ] No [ ] I am over 18

Have you ever filed an application to work here before? [ ] Yes [ ] No If yes, give date \_\_\_\_\_

Have you ever been employed here before? [ ] Yes [ ] No If yes, give date \_\_\_\_\_

Do you have any friends or relatives who are employed with this company? [ ] Yes [ ] No If yes, please list on the back of this page.

Are you currently employed? [ ] Yes [ ] No If yes, may we contact your current employer? [ ] Yes [ ] No

Are you a United States citizen? [ ] Yes [ ] No If no, do you have a valid work permit? [ ] Yes [ ] No (Proof of citizenship or immigration status may be required upon employment)

Employment desired: [ ] Full-Time [ ] Part-Time When are you available for work? \_\_\_\_\_

Are you currently on a lay-off and subject to recall? [ ] Yes [ ] No

Can you travel if a job requires it? [ ] Yes [ ] No

Are you willing and able to work overtime when needed? [ ] Yes [ ] No

Are you willing and able to work weekends when needed? [ ] Yes [ ] No

Are you able to perform all of the essential functions of the job you are applying for with or without a reasonable accommodation? [ ] Yes [ ] No

If no, please explain any limitations on the back of this page (NOTE: Machine Assistant jobs require constant lifting of at least 40 lbs.).

If you are hired, are there any accommodations the company would need to provide so that you can perform all of the essential functions and duties of the position you are applying for? [ ] Yes [ ] No If yes, please explain on the back of this page.

**SEALED RECORD NOTICE**

Applicants having sealed conviction records on file with the Commission of Probation may answer "no" to the following:

Within the past five years, have you been convicted of a misdemeanor?  No  Yes  
*(Applicants may answer "no" with respect to a first conviction for drunkenness, simple assault, minor traffic violations, affray, or disturbance of the peace).*

If yes, please explain. \_\_\_\_\_

Have you ever been convicted of a felony?  No  Yes

If yes, please explain. \_\_\_\_\_

**EDUCATION**

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Graduate School				
Bus. or Trade School				
Professional School				
Special Honors				

**COMPUTER SKILLS (Only complete this section for positions which require computer skills)**

Check off those computer skills with which you are proficient (any version).

- PC User                       Macintosh User                       Windows                       Microsoft Word                       Microsoft Access  
 Microsoft Excel                       Microsoft Publisher                       Web Page Design/  
Maintenance                       E-mail                       Internet  
 Other. Please list \_\_\_\_\_

**DRIVER'S LICENSE**

Do you have a valid driver's license?  Yes  No

Driver's license number \_\_\_\_\_ State of issue \_\_\_\_\_  Operator  Commercial (CDL)  Chauffeur

Expiration date \_\_\_\_\_

Have you had any accidents during the past three years?  Yes  No                      How many? \_\_\_\_\_

Have you had any moving violations during the past three years?  Yes  No                      How many? \_\_\_\_\_

Has your license ever been suspended or revoked?  Yes  No                      If yes, please explain on the back of this page.

Have you been convicted of driving under the influence within the past ten years?  Yes  No

**MILITARY**

Are you a veteran of the United States military service?  Yes  No If yes, what branch? \_\_\_\_\_

If yes, Date Entered \_\_\_\_\_ Date Discharged \_\_\_\_\_

If yes, please describe any special skills or training acquired while in the service (use back of page if needed):  
\_\_\_\_\_

**OTHER SPECIAL SKILLS**

Please list other special skills you may have, e.g., fluency in other languages, licenses, special training required for the position for which you are applying, etc.


**WORK EXPERIENCE**

Please list your work experience beginning with your **most recent** job. If you were self-employed, give firm name. Attach additional sheets if necessary. Exclude organization names which indicate race, religion, color, national origin, age, sex, disability, sexual orientation, or veteran's status. **Please account for all periods of unemployment.**

<b>Most Recent Employer</b>	Dates Employed From: To:	Responsibilities or Work Performed
Address	Supervisor	
Job Title	Reason for Leaving	
<b>Previous Employer</b>	Dates Employed From: To:	Responsibilities or Work Performed
Address	Supervisor	
Job Title	Reason for Leaving	

<b>Previous Employer</b>	Dates Employed From: To:	Responsibilities or Work Performed
Address	Supervisor	
Job Title	Reason for Leaving	

**REFERENCES**

Please list two personal references other than relatives or previous employers.

Name \_\_\_\_\_

Name \_\_\_\_\_

Position \_\_\_\_\_

Position \_\_\_\_\_

Company \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

**WAIVERS AND DISCLOSURES**

Please read each section carefully and sign where indicated.

**CERTIFICATION OF TRUTH AND ACCURACY**

I certify that the information in this application is true, complete and correct. I understand that false answers, statements, or significant omissions made by me on this form shall be sufficient cause for denial of employment or discharge.

**AT-WILL EMPLOYMENT**

It is my understanding that this employment application, or the granting of an oral interview, does not represent a contract of employment or a promise of future benefits by this organization. I understand and agree that, if hired, my employment will be at-will in nature and may be terminated, with or without cause, at any time, by either myself or my employer. I also understand that this written statement supersedes any and all oral representations made by agents or representatives of this organization.

**NOTIFICATION AND AUTHORIZATION TO REQUIRE A MEDICAL EXAMINATION**

I hereby certify that, if hired, I will disclose any limitations I have that may impact my ability to do the job. I understand that I may also be required to undergo a pre-employment or post-employment medical exam by the company's designated health practitioner, which may include physical, psychological, drug, alcohol or other medical testing required by the company as a condition of employment.

**NOTIFICATION AND AUTHORIZATION TO CONDUCT BACKGROUND INVESTIGATION**

I understand that I may be subject to a background check, and hereby authorize Laminating Coating Technologies, Inc. or its agents, to investigate my background to determine any and all information of concern as to my record, whether same is of record or not, and I release employers and persons named in my application from all liability for any damages on account of his/her furnishing said information.

Additionally, you are hereby authorized to make any investigation of my personal history, educational background, military record, motor vehicle records, criminal records and credit history through an investigative or credit agency or bureau of your choice. I authorize the release of this information by the appropriate agencies to the investigating service. This authorization, in original or copy form, shall be valid for this and for any future reports and updates that may be required.

I understand that passing the background check is a condition of employment. A negative background check can be grounds for dismissal, even if an offer has been made to me and I have been hired.

**MY ANSWERS TO ALL OF THE ABOVE QUESTIONS ARE TRUE AND ACCURATE. I HAVE READ THE ABOVE POLICY STATEMENTS AND AGREE TO BE BOPUND BY THEM IF EMPLOYED BY THIS COMPANY.**

**APPLICANT SIGNATURE:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Laminating Coating Technologies, Inc. is committed to promoting equal opportunity and employment, and does not discriminate on the basis of race, religion, color, national origin, age, sex, disability, sexual orientation, or veteran's status in employment hiring, promotion or termination decisions. Thank you for your application.**

## APPLICANT DATA RECORD

Applicants are considered for all positions, and employees are treated during employment without regard to race, religion, color, national origin, age, sex, disability, sexual orientation, or veteran's status.

As employers and government contractors, we comply with the government regulations and affirmative action responsibilities.

Solely to help us comply with government record keeping, reporting, and other legal requirements, please fill out the Application Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a **Confidential File** separate from the Application for Employment.

Positions(s) applied for:

Referral Source  Newspaper  Friend  Relative  Employment Agency  HigherEdJobs.com  
 Internet Search  Professional Journal  Walk-in  Other \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Maiden

Address \_\_\_\_\_  
Number Street City State Zip

Telephone (\_\_\_\_) \_\_\_\_\_

Affirmative Action Survey	Check one	Check one	Check any that apply
<p>Government agencies require periodic reports on the sex, ethnicity, disability, and veteran status of applicants. Submission of information about a disability is voluntary. This data is for analysis and affirmative action only.</p>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian/ Alaskan Native <input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Disabled <input type="checkbox"/> Vietnam Era Veteran <input type="checkbox"/> Disabled Veteran

**Special Employment Notice to disabled veterans, Vietnam Era veterans, and individuals with a physical or mental disability.**

Government contractors are subject to Section 402 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified disabled individuals.

If you are a disabled veteran, or have a physical or mental disability, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect any consideration you may receive for employment.

**If you wish to be identified**, please sign below:

Disabled individual  Disabled Veteran  Vietnam Era Veteran

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

## CORI REQUEST AND CONSENT FORM

As part of the employment application process, Laminating Coating Technologies, Inc. (d/b/a Lamcotec) will access the database of the Massachusetts Criminal History Systems Board for access to conviction and pending criminal case information. As an applicant for employment or employee at Lamcotec, I understand that a criminal record check will be conducted to obtain information regarding convictions and pending criminal cases only, and that it will not necessarily disqualify me from employment. Lamcotec will consider this information when making hiring/retention/staffing decisions. I understand that Lamcotec will be notified if my CORI check shows a criminal history, including convictions, pending charges, and/or criminal arraignments that did not result in conviction. I hereby certify that the information below is complete and accurate to the best of my knowledge.

\_\_\_\_\_  
Applicant/Employee Signature

### Applicant/Employee Information (Please Print)

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Maiden Name or Alias (If Applicable)

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Current Home Address:  
\_\_\_\_\_

Former Addresses (Past 10 Years):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Sex: \_\_\_\_\_ Height: \_\_\_ Ft. \_\_\_ In. Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

#### Employer Certification:

The above-named applicant is applying for a position with Laminating Coating Technologies, Inc. I understand that the use of this form for any reason other than its intended purpose is unlawful. The applicant's identity was verified by reviewing the following form of government issued photographic identification: \_\_\_\_\_ (Please keep a photocopy of said identification in file with this application.)

Signature of Authorized Background Record Check Reviewer: \_\_\_\_\_

Date: \_\_\_\_\_