

HOURLY EMPLOYMENT APPLICATION

Applicant Name: _____
Referred By: _____



LIPPERT COMPONENTS, INC.

CONFIDENTIAL

AN EQUAL OPPORTUNITY EMPLOYER, M/F

SPECIFIC WORK EXPERIENCE

Job(s) for which you are applying

General Labor

Welder

Transportation

Maintenance

Fabricator

Office/Clerical

Please answer all questions below which apply to the job you desire.

ALL APPLICANTS

Can you read a tape measure?

Yes No

Can you read simple blue prints and/or shop drawings?

Yes No

Do you have experience working with production - line machinery and equipment?
(ex. - shears, presses, lathes, grinders, etc.)

Yes No

If so, what type of experience do you possess? _____

Are you familiar with the set-up, changeover, or repair of production-line machinery?

Yes No

WELDING APPLICANTS

What type of production-based welding and assembly experience do you possess?

Mobile Home Frame

RV Frame

5th Wheel Assembly

Travel Trailer

Utility Trailer

Dumpster

Landing Gear

Hydraulic Unit

Years Experience? _____ Other special skills/certifications? _____

TRANSPORTATION APPLICANTS

Do you possess a Commercial Drivers License in good standing?

Yes No

- Be advised that your Motor Vehicle Record (MVR) will be evaluated as a condition of employment.

- LCI checks MVR's on a regular basis. LCI also follows all Federal DOT Drug Testing regulations.

What type(s) of specialized delivery experience do you possess? _____

Years Experience? _____

List all vehicles you are qualified and/or certified to operate (ex. - semi tractor, fork lift truck, heavy construction equipment, etc.) _____

What experience(s) with load security, load weight distribution, and loading/unloading of vehicles do you possess?

PERSONAL DATA

DATE APPLICATION SUBMITTED: _____

Name _____
First Middle Last

Address _____ How Long: _____
Years Months

Telephone No. () _____ Social Security No. _____ Are You Over 18? _____

Do you have the legal right to work in the U.S. _____ (The Immigration Reform and Control Act of 1986 requires
Yes / No verification of work authorization and identity documents prior to employment.)

If hired, do you have a reliable method of transportation to work? _____ Type _____

Overtime work is a requirement. Will you work overtime when requested? Yes No

Person through whom you may be contacted if you move or in the event of an emergency:

() _____
Name Address Home Phone
 () _____
City State Zip Code Work Phone

EDUCATION (Circle highest year completed)

GRADE SCHOOL HIGH SCHOOL COLLEGE
 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4

PREVIOUS EMPLOYMENT RECORD (Start with present or last employer)

Company Name	Dates Employed		Job Title and Nature of Work	Reason for Leaving	Wage
	From	To			
Name _____ Address _____ City _____ State _____ Supervisor's Name _____ Phone Number _____	Mo. Yr.	Mo. Yr.	Job Title: _____ Nature of Work _____	<input type="checkbox"/> Quit Voluntarily <input type="checkbox"/> Discharged <input type="checkbox"/> Laid-Off Why? _____	Starting: _____ Ending: _____
Name _____ Address _____ City _____ State _____ Supervisor's Name _____ Phone Number _____	Mo. Yr.	Mo. Yr.	Job Title: _____ Nature of Work _____	<input type="checkbox"/> Quit Voluntarily <input type="checkbox"/> Discharged <input type="checkbox"/> Laid-Off Why? _____	Starting: _____ Ending: _____
Name _____ Address _____ City _____ State _____ Supervisor's Name _____ Phone Number _____	Mo. Yr.	Mo. Yr.	Job Title: _____ Nature of Work _____	<input type="checkbox"/> Quit Voluntarily <input type="checkbox"/> Discharged <input type="checkbox"/> Laid-Off Why? _____	Starting: _____ Ending: _____

MISCELLANEOUS

Have you ever been convicted of a crime other than a routine traffic violation? _____. If yes, please explain. (not an automatic bar to employment, all circumstances will be considered) _____

Please present any additional information concerning your work and experience which you believe will be helpful to us in evaluating your qualifications or which may be necessary to prevent any statement contained in this application from being misleading.

IMPORTANT!!! PLEASE READ AND SIGN YOUR NAME

I hereby certify that the information provided by me in this application is true and without material omission. I agree that Lippert Components, Inc., and subsidiaries shall have no liability if my employment is terminated because of false or material omission of any information on this application. I also authorize the companies, schools and persons named herein to release any employment and background information they have regarding me, whether or not it is in their records, and hereby release said companies, schools and persons from all liability on account of said release.

I further consent and agree to hold the Company harmless and indemnify it with regard to disclosures of this Employment Application and/or the information contained herein when it is disclosed to third parties in accordance with applicable law, disclosed to governmental agencies of the United States or of any individual state, or when it is disclosed under subpoena. If I should be hired by the Company, I hereby consent and agree to hold the Company harmless and indemnify it with regard to disclosures of all contents of my personnel file when such is disclosed to third parties in accordance with applicable law, disclosed to governmental agencies of the United States or of any individual state, or when it is disclosed under subpoena. My consent to the aforementioned disclosure includes, but is not limited to, the following types of documents: medical and health related records, drug testing records, disciplinary reports and related documentation, sign off forms, employment application and related documentation.

The Company has a commitment to all its employees, customers, and the public at large to assure safety in the workplace, on company premises, and in the products it sells and distributes. I hereby consent to a medically supervised and licensed toxicology laboratory alcohol and drug screening test which may include obtaining urine specimen, blood sample or other appropriate medical test as part of the normal pre-employment process and as a condition of employment. I understand that failure of said test will result in termination, and that I will be responsible for any costs related to a failed drug test.

I understand that if employed, it is not guaranteed for any specified period of time and that my employment may be terminated by my employer or myself without cause. I understand that the Company does not offer any contract or guarantees of employment, express, implied or otherwise, and therefore, any such agreement would be an extraordinary agreement and as such, must be in writing and signed by the president of the Company. I also understand that completion of this application, which will remain in effect for ninety days, does not indicate positions are open or obligate the company in any way.

SIGNATURE OF APPLICANT _____ DATE _____