

**LIFT PRO EQUIPMENT CO., INC.**

**3621 N Potsdam Avenue  
Sioux Falls, SD 57104  
605-339-6494**

Position Desired: \_\_\_\_\_  Full Time  Part Time Today's Date: \_\_\_\_\_

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

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

Please Print- Last First Middle

Present Address: \_\_\_\_\_ How long have you lived there? \_\_\_\_\_  
Street & No. City State Zip Years Months

Phone Number: ( ) \_\_\_\_\_ Are you 18 years of age or older?  Yes  No

APPLICANT'S STATEMENT

I understand that if the Company hires me, my employment will be for no definite period, regardless of the period of payment of my wages. I also understand that I have the right to terminate my employment at any time with or without notice to the Company, and the Company has the same right to terminate my employment at any time with or without notice to me. No one other than the president of the Company has authority to modify the relationship or make any agreement to the contrary. Any such modification or agreement must be in writing and signed by the Company's president.

I understand that the Company reserves the right to require me to submit to a drug test at any time and also reserves the right to require me to submit to an alcohol test and/or medical examination to the extent permitted by applicable law. I authorize the Company to investigate my driving record, my criminal record and my credit history, and I understand that an investigative consumer report may be prepared whereby information is obtained through persoanl interviews with neighbors, friends and others with whom I am acquainted. This inquiry would include information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional information about the nature and scope of this investigation.

I grant the Company authority to contact my previous employers and I authorize those employers to disclose to the Company all records and other information pertinent to my employment with them. I also authorize the Company to provide truthful information concerning my employment with the Company to my future prospective employers and I agree to hold the Company harmless for providing such information.

I certify that all of the information that I provide on this application and in any interviews will be true and accurate. I understand that if I am employed and any such information is later found to be false or misleading in any respect, I may be immediately dismissed.

I HAVE READ AND UNDERSTAND THIS STATEMENT

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant's Signature

Previous Address \_\_\_\_\_ How long did you live there? \_\_\_\_\_  
Street & No. City State Zip Years Months

Have you worked for this Company before?  Yes  No  
If yes, give dates, locations, and positions: \_\_\_\_\_

Do you have any friends or relatives working here?  Yes  No If yes, Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_

How would you get to and from work? \_\_\_\_\_

Have you ever pled guilty or "no contest" to a crime or been convicted of a crime?  Yes  No  
 If yes, give date and details for each offense: \_\_\_\_\_

Note: Answering "Yes" to this question is not an automatic bar to employment. Only these crimes are substantially related to the position you are seeking will be considered--- so be truthful and be complete.

**\*\*RECORD OF PREVIOUS EMPLOYMENT**

Identify your present and previous employers in chronological order with present or last employer listed first. Be sure to account for all period of time including military service and any period of unemployment. If self-employed, give firm name and supply business references.

Employer Present or Previous	Employed	Pay		Title of Position	Reason for Leaving
		Start	Final		
_____ Company _____ Address _____ City, State, Zip _____ Telephone	From: (mo/year)  To: (mo/year)	\$	\$	Name & Title of <u>Last Supervisor</u>	
		per (circle one): hour week month year			
_____ Company _____ Address _____ City, State, Zip _____ Telephone	From: (mo/year)  To: (mo/year)	\$	\$	Name & Title of <u>Last Supervisor</u>	
		per (circle one): hour week month year			
_____ Company _____ Address _____ City, State, Zip _____ Telephone	From: (mo/year)  To: (mo/year)	\$	\$	Name & Title of <u>Last Supervisor</u>	
		per (circle one): hour week month year			
_____ Company _____ Address _____ City, State, Zip _____ Telephone	From: (mo/year)  To: (mo/year)	\$	\$	Name & Title of <u>Last Supervisor</u>	
		per (circle one): hour week month year			

Have you ever been terminated or asked to resign from any job?  Yes  No If yes, please explain circumstances:

Explain fully any gaps in your employment history: \_\_\_\_\_

May we contact your current employer?  Yes  No-If not, please explain: \_\_\_\_\_

**\*\*PREVIOUS EXPERIENCE**

Please indicate any actual experience that you have that you feel is relevant to the position for which you are applying:

**\*\*EDUCATION**

School Name & Location	Years Completed ( Circle One)	Diploma/Degree	Course of Study or Major	Special Training, Skills, & Extracurricular Activities
Elementary	4 5 6 7 8			
High School	9 10 11 12			
College/University	1 2 3 4			
Graduate/Professional	1 2 3 4			
Trade or Correspondence				
Other				

**\*\*PERSONAL REFERENCES**

List persons who know you well (other than relatives and previous employers):

Name	Occupation	Address	Phone Number	Number of Years Known

**\*\*DRIVING INFORMATION**

Do you have a current driver's license?  Yes  No State \_\_\_\_\_ License No: \_\_\_\_\_ Expiration: \_\_\_\_\_

Has your driver's license ever been suspended or revoked?  Yes  No -If yes, please explain circumstances:

Have you ever been cited in any state for driving under the influence (DUI) or driving while intoxicated (DWI)?

Yes  No -If yes, please explain circumstances and outcome:

List all moving traffic violations for last five (5) years:

Offense	Date	Location

Do you have personal automobile liability insurance?  Yes  No Insurance Company:\_\_\_\_\_

Has your personal automobile liability insurance ever been canceled?  Yes  No -If yes, please explain:

**\*\*EMERGENCY INFORMATION**

In case of an accident or other emergency, who should we contact?

Name:\_\_\_\_\_ Relationship:\_\_\_\_\_

Home Address\_\_\_\_\_ Telephone:\_\_\_\_\_

Street City State

Work Address\_\_\_\_\_ Telephone:\_\_\_\_\_

Street City State

ALTHOUGH THE COMPANY MAY KEEP THIS APPLICATION ON FILE INDEFINITELY, THIS APPLICATION WILL BE CONSIDERED CURRENT AND ACTIVE ONLY FOR THIRTY (30) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND ACCURATE.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant