



LITE THE NITE
TECHNOLOGIES LLC

Lite the Nite Technologies
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Employment Application

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or handicap, or any other legally protected status. We are a drug, alcohol, and tobacco free workplace. All applicants must successfully pass a drug test.

Full Name: _____ Date ____/____/____
Last First Middle Initial

Address: _____
Street Address Apartment/Unit #

City State Zip

Home Phone: (_____) _____ Cell Phone: (_____) _____

Email Address: _____ Social Security Number: _____ - _____ - _____

Position Applied For: _____

Desired Salary \$ _____ per ____ Hour ____ Week ____ Month ____ Year

Are you a citizen of the United States?: Yes No

If no, are you authorized to work in the United States?: Yes No

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

Are you available to work: Full time; Part time; Temporary; Shift work

Are you employed now?: Yes No If so, may we contact your present employer?: Yes No

What date would you be available for work?: ____/____/_____

Are you on a layoff and subject to recall?: Yes No

Can you travel if the job requires it?: Yes No

Have you ever been convicted of a felony, misdemeanor, or any violation including DUI, DWI,

traffic violation, etc?: Yes No If yes, please list below:

Offense	Date	County/State	Disposition
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(A conviction includes any fines paid, jail sentences, or probation served. Failure to disclose or falsification of any conviction(s) including those which have been merged, shall result in automatic rejection of the application. Conviction of a crime is not an automatic rejection. The specific situation will be reviewed.)

Education

High School: _____ Address: _____

From ___/___/_____ To ___/___/_____ Did you graduate? ___Yes ___No

Circle years completed: 9 10 11 12 Diploma/Degree: _____

Course of study _____

College/University: _____ Address: _____

From ___/___/_____ To ___/___/_____ Did you graduate? ___Yes ___No

Circle years completed: 1 2 3 4 Diploma/Degree: _____

Course of study _____

Graduate/Professional: _____ Address: _____

From ___/___/_____ To ___/___/_____ Did you graduate? ___Yes ___No

Circle years completed: 1 2 3 4 Diploma/Degree: _____

Course of study _____

Describe specialized training, apprenticeship, skills, and extra-curricular activities:

Honors Received: State any additional information you feel may be helpful to us in considering you for this position:

List professional, trade, business, or civic activities and offices held. (You may exclude memberships which would reveal sex, race, religion, national origin, age ancestry, or handicap or other protected status):

List all languages you read, write, and speak:

Military Service

Branch: _____ From ___/___/_____ To ___/___/_____

Rank at Discharge: _____ Type of Discharge: _____

Previous Employment

List present employer or most recent employment first. Continue on back of page if necessary.

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ May we contact this employer for a reference? Yes No

Starting Salary \$ _____ Ending Salary \$ _____ Per _____ Hour _____ Week _____ Month _____ Year

Responsibilities: _____

Employed From ____/____/____ to ____/____/____ Reason For Leaving: _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ May we contact this employer for a reference? Yes No

Starting Salary \$ _____ Ending Salary \$ _____ Per _____ Hour _____ Week _____ Month _____ Year

Responsibilities: _____

Employed From ____/____/____ to ____/____/____ Reason For Leaving: _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ May we contact this employer for a reference? Yes No

Starting Salary \$ _____ Ending Salary \$ _____ Per _____ Hour _____ Week _____ Month _____ Year

Responsibilities: _____

Employed From ____/____/____ to ____/____/____ Reason For Leaving: _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ May we contact this employer for a reference? Yes No

Starting Salary \$ _____ Ending Salary \$ _____ Per _____ Hour _____ Week _____ Month _____ Year

Responsibilities: _____

Employed From ____/____/____ to ____/____/____ Reason For Leaving: _____

References

Please list three references other than your previous employers.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Disclaimer and Signature

I understand that as a part of normal procedure for processing employment applications and employment requests, a routine inquiry may be made concerning information of character, general reputation, credit, personal characteristics, mode of living and driving records or any reports connected with such records. I authorize such investigations and acknowledge that information on the nature and scope of such reports, if any are made, is available upon written request.

I certify that my answers are true and complete to the best of my knowledge.

The applicant understands that neither this document nor any offer of employment from the employer constitute an employment contract unless a specific document is executed by the employer and employee in writing.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my discharge, I also understand that I am required to abide by all rules and regulations of the employer.

Signature: _____ Date: _____

For Personnel Department Use Only

Arrange Interview: ___ Yes ___ No

Remarks:

Employed: ___ Yes ___ No Date of Employment ___/___/_____

Job Title: _____

Initial Rate Of Pay \$_____ per _____ Permanent Rate Of Pay \$_____ per _____

By _____ Date: ___/___/_____