

**LAFAYETTE VENETIAN BLIND**

**APPLICANT FLOW DATA RECORD**

PLEASE CHECK THE **ONE** THAT **BEST** DESCRIBES YOU:

ONLY FOR APPLICANTS WHO CONSIDER THEMSELVES **HISPANIC OR LATINO**

CHECK ONE: Male:

Female:

PLEASE CHECK THE **ONE** THAT **BEST** DESCRIBES YOU:

ONLY FOR APPLICANTS WHO DO **NOT** CONSIDER THEMSELVES HISPANIC OR LATINO

Male:

Female:

White:

Asian:

Black or African American:

American Indian or Alaskan Native:

Native Hawaiian or Other Pacific Islander:

Two or More Races:

THE PURPOSE FOR THIS DATA RECORD IS TO TRACK APPLICANT FLOW. THIS DATA RECORD IS NOT A PART OF YOUR EMPLOYMENT APPLICATION AND WILL NOT AFFECT ANY EMPLOYMENT DECISION

**THE COMPLETION OF THIS DATA RECORD IS OPTIONAL.**

# APPLICATION FOR EMPLOYMENT

ANY APPLICANT WHO IS UNWILLING TO AGREE TO ANY OF THESE CONDITIONS CONTAINED IN THIS APPLICATION SHOULD NOT APPLY FOR EMPLOYMENT WITH LAFAYETTE VENETIAN BLIND, INC.

**PERSONAL** (Please Print)

Name: \_\_\_\_\_ Soc. Sec. No.: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address City State Zip Code

Home Phone No.: (\_\_\_\_) \_\_\_\_\_ Alternate No.: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_@\_\_\_\_\_

Please list any other names used: \_\_\_\_\_

**GENERAL**

Position(s) applied for: \_\_\_\_\_ (  Full Time  Part Time  Summer Only ) Date you can start: \_\_\_\_\_

Shift Preference:  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>

Rate of pay varies per position

Are there any restrictions on days or hours you are available to work?  Yes  No  
 If yes, please explain: \_\_\_\_\_

**We require dependable attendance and availability to work overtime. Overtime can include reporting to work several hours before or after your regular shift, and also reporting to work on Saturdays. Can you meet these requirements?**  Yes  No

Are you eligible to work in the United States?  Yes  No (If hired, verification will be required by law)

Are you 18 years of age or older?  Yes  No  
 If No, state your age: \_\_\_\_\_ (employment subject to minimum legal age verification)

Have you ever applied here before?  Yes  No  
 If Yes, result? \_\_\_\_\_

Have you worked for us before?  Yes  No  
 If Yes, when? \_\_\_\_\_ Position: \_\_\_\_\_

Do you have any objections to us performing a background check?  Yes  No (A conviction will not necessarily disqualify you from employment)  
 If Yes, please explain \_\_\_\_\_

I applied at LVB as a result of:  Advertisement  Employee referral  Other: \_\_\_\_\_

Indicate any special qualifications, skills or accomplishments relevant to the position applied for: \_\_\_\_\_

**EDUCATION** (Education will be considered only to the extent relevant for the position for which you are applying)

School	Name & Location	Number of Years	Major
Grade School			
High School			
College			
Other			

**PERSONAL REFERENCES** (Please list three individuals who are not related to you, do not live with you, and have known you for at least three years)

Name	Address	Phone No.	Relationship	How long have you known this person?

**EMPLOYMENT HISTORY** (Most recent experience FIRST - Include ALL employers for past 5 years)

Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
 Month & Year of Employment: (From) \_\_\_\_\_ (To) \_\_\_\_\_ Starting Salary/Wages: \$ \_\_\_\_\_ per \_\_\_\_\_  
 Final Salary/Wages: \$ \_\_\_\_\_ per \_\_\_\_\_ Did you receive any disciplinary actions in your last 12 months of employment?  Yes  No  
 If yes, please explain \_\_\_\_\_  
 Duties: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
 Month & Year of Employment: (From) \_\_\_\_\_ (To) \_\_\_\_\_ Starting Salary/Wages: \$ \_\_\_\_\_ per \_\_\_\_\_  
 Final Salary/Wages: \$ \_\_\_\_\_ per \_\_\_\_\_ Did you receive any disciplinary actions in your last 12 months of employment?  Yes  No  
 If yes, please explain \_\_\_\_\_  
 Duties: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
 Month & Year of Employment: (From) \_\_\_\_\_ (To) \_\_\_\_\_ Starting Salary/Wages: \$ \_\_\_\_\_ per \_\_\_\_\_  
 Final Salary/Wages: \$ \_\_\_\_\_ per \_\_\_\_\_ Did you receive any disciplinary actions in your last 12 months of employment?  Yes  No  
 If yes, please explain \_\_\_\_\_  
 Duties: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

**For employment with Lafayette Venetian Blind, I understand the following:**

- This facility is an **Equal Opportunity Employer**.
- **Applications remain on active file for 6 months.** After 6 months if there is no response, a new application must be submitted if employment with Lafayette Venetian Blind, Inc. is desired.
- **Reasonable accommodation** will be provided during the employment selection process. If needed, individuals should notify the Human Resource Department at (765) 464-2640.
- I authorize Lafayette Venetian Blind to perform a **background check (including a criminal background check)**, with the understanding that the findings will not necessarily disqualify me from the employment selection process.
- I agree/authorize Lafayette Venetian Blind, Inc. to do a **pre-employment drug screen analysis** with any laboratory designated by Lafayette Venetian Blind, Inc. and to request the release of any information requested on samples submitted.
- I agree that I **must have a negative drug screen to be considered for employment**, a positive result will cause my application for employment to be rejected and any conditional offers of employment will be withdrawn.
- I **release Lafayette Venetian Blind, Inc. and all affiliated, from any and all liability, claims, demands, damages, causes of action of every kind, and any employment decision made by Lafayette Venetian Blind, Inc.** resulting from submission and results of drug and alcohol screenings or searches.
- If employed, I agree to comply with the **safety/health rules and regulations, and rules of conduct** of Lafayette Venetian Blind, Inc.
- **Employment is not guaranteed for any term, and employment may be terminated by Lafayette Venetian Blind, Inc. or employee at any time AND for any reason.** No management official is authorized to make any oral assurance or promise of continued employment.

I agree to all conditions listed in this application. I authorize that all information provided in this application (and any attached) is true, complete, and subject to verification; any misrepresentations, falsifications, or omissions will be cause for rejection of application or termination of employment if discovered at a later date.

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

Date \_\_\_\_\_

**For Human Resources Use ONLY**

Hire Date		Department		Pay	
Position		Department #		Shift	
Supervisor		Rule		Completed By	