

LUTHAN Electric Meter Testing, LLC

Employment Application Form

Please Mail, email or fax completed application to:

625 Birkhead Ave.

Owensboro, KY 42303

shop@luthanmeter.com

Fax: 270.683.2262

Please complete all pages/Print unless signing name Date: _____

Name: _____
Last First Middle Maiden

Present Address: _____
Number Street City, State, Zip

How long at current address? _____

Social Security: _____-_____-_____

Cell: _____-_____-_____ Telephone: _____-_____-_____

Email: _____

Are you under 18 years of age: ___YES___NO

Applying for: Field___ Shop___

If Field, are you available/willing to work out of town over night during the week? ___YES___NO

EDUCATION

High School _____ Number of grades completed _____

College _____ Number of year's completed _____

Bus./Trade/Professional School _____

Number of years completed _____

Major/Degree _____

Have you ever been convicted of a crime? _____ YES _____ NO
(A conviction record will not necessarily disqualify you from employment).

If YES, explain number of conviction(s), nature of offense(s), leading to conviction(s), how recently such offense(s) was/were committed, sentence(s), imposed and type(s) of rehabilitation.

Do you have a valid driver's license? _____ YES _____ NO

What is your means of transportation to work? _____

Driver's License Number: _____

State of Issue: _____

Expiration Date: _____

Have you had any accidents during the past three years?

_____ YES _____ NO If yes, how many? _____

Have you had any moving violations during the past three years?

_____ YES _____ NO If yes, how many? _____

MILITARY

Have you ever been in the Armed Forces? _____ YES _____ NO

Are you now a member of the National Guard? _____ YES _____ NO

Specialty: _____ Entered: _____

Discharge Date: _____

REFERENCES

Please list two references other than relatives.

Name: _____ Name: _____

Position: _____ Position: _____

Company: _____ Company: _____

Address: _____ Address: _____

Telephone: _____ Telephone: _____

WORK EXPERIENCE

Please list your work experience for the past seven years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

Name of employer: _____

Address: _____

City, State, Zip: _____

Name of last Supervisor: _____

Employment dates: (From-To) _____ - _____

Pay or Salary: Start: _____ Final _____

Your last job title: _____

Reason for leaving (be specific): _____

Please list your work experience for the past seven years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

Name of employer: _____

Address: _____

City, State, Zip: _____

Name of last Supervisor: _____

Employment dates: (From-To) _____ - _____

Pay or Salary: Start: _____ Final _____

Your last job title: _____

Reason for leaving (be specific): _____

Please list your work experience for the past seven years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

Name of employer: _____

Address: _____

City, State, Zip: _____

Name of last Supervisor: _____

Employment dates: (From-To) _____ - _____

Pay or Salary: Start: _____ Final _____

Your last job title: _____

Reason for leaving (be specific): _____

May we contact your present employer? ___YES___NO

Did you complete this application yourself? ___YES___NO

**CONSENT FOR BACKGROUND CHECK AND PRE-EMPLOYMENT
DRUG SCREEN**

It is the intent of the Company to keep all information we receive during any background investigation or drug screening, private and confidential.

Please read the statement below and sign where indicated.

“I hereby understand that the information provided by me in this application will be used to investigate or verify my background, past performance, or my suitability for employment. I also understand that as a condition of employment, I will have to take and pass a pre-employment drug screen.”

Signature of Applicant: _____

Date: _____

*To do a background check we must have your date of birth: _____

PLEASE READ CAREFULLY
APPLICATION FOR WAIVER

As indication that you have read and understood each sentence, please write your initials in the spaces provided below.

In exchange for the consideration of my job application by LUTHAN, (hereinafter called "the Company") I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements and the like as they may exist from time to time, or other company practices, shall serve to create an actual or implied contract of employment, _____ or to confer any right to remain an employee of the Company, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, _____ and that relationship cannot be altered except by written instrument signed by the Owner/Managing member of the Company. _____ Both the undersigned and the Company may end the employment relationship at any time, without specified notice of reason. _____ If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits. _____

I authorize investigation of all statements contained in this application. _____ I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. _____ I hereby give the Company permission to contact schools, all previous employers (unless otherwise indicated), references and others. I hereby release the Company from any liability as a result of such contact. _____

I understand that, in connection with the routine processing of my employment application, the Company may request from a consumer reporting agency an investigation consumer report including information as to my credit records, character, general reputation, personal characteristics and mode of living. _____ Upon written request from me, the Company will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act. _____

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days and further that at any time during the probationary period or thereafter, my employment relationship with the Company is terminable at will for any reason by either party. _____

Signature of Applicant: _____

Date: _____

LUTHAN is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, national origin, citizenship, age, or disability. We assure you that your opportunity for employment with LUTHAN depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business!!