

**PLEASE PRINT ALL  
INFORMATION  
EXCEPT  
SIGNATURE**

**LUTHAN Electric Meter Testing, LLC**  
Employment Application Form

**OFFICE USE ONLY**  
  
**Date received:**  
  
**Reviewed by:**

Please mail completed application to:  
625 Birkhead Avenue  
Owensboro, KY 42303  
Or fax to:  
(270)683-2262

Please complete pages 1-6 Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last
First
Middle
Maiden

Present Address: \_\_\_\_\_  
Number
Street
City, State, Zip

How long at current address? \_\_\_\_\_ Social Security: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Telephone(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Number(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Are you under 18 years of age? \_\_\_YES\_\_\_NO If yes, can you provide proof of your eligibility to work? \_\_\_\_\_

Are you currently authorized to work in the United States? \_\_\_YES\_\_\_NO Proof of eligibility will be required.

How many hours can you work weekly? \_\_\_\_\_

Employment desired: Full time only: \_\_\_\_\_ Part time only: \_\_\_\_\_ Full or Part time: \_\_\_\_\_

When are you able to start work?: \_\_\_\_\_

Type of School:	Name of School:	Location: (Address)	Number of yrs Completed:	Major/Degree:
High School				
College				
Bus./Trade School				
Professional School				

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.

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**APPLICATION FOR EMPLOYMENT**

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: \_\_\_\_\_

Operator: \_\_\_\_\_ Commercial (CDL): \_\_\_\_\_ Chauffeur: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Have you ever had any accidents during the past three years? \_\_\_\_\_ How many? \_\_\_\_\_

Have you had any moving violations during the past three years? \_\_\_\_\_ How many? \_\_\_\_\_

Please list two references other than relatives.

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

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

Position: \_\_\_\_\_

Position: \_\_\_\_\_

Company: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

Please use this space to elaborate on any background, experience, or qualifications that you believe should be considered in evaluating your qualification for employment. You may include hobbies, volunteer experience and any other activities you believe relevant. Please omit any information that would disclose your race, gender, age, marital status, ethnic origin, religious or political affiliations, or disabilities.

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**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: \_\_\_\_\_

**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: \_\_\_\_\_ Name of last Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ Employment Dates(From:-To:) \_\_\_\_\_ - \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Pay or Salary: Start: \_\_\_\_\_ Final: \_\_\_\_\_

Your last job title: \_\_\_\_\_

Reason for leaving (be specific): \_\_\_\_\_

List jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company: \_\_\_\_\_

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City, State, Zip: \_\_\_\_\_ Pay or Salary: Start: \_\_\_\_\_ Final: \_\_\_\_\_

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City, State, Zip: \_\_\_\_\_ Pay or Salary: Start: \_\_\_\_\_ Final: \_\_\_\_\_  
Your last job title: \_\_\_\_\_

Reason for leaving (be specific): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Reason for leaving (be specific): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

May we contact your present employer? \_\_\_\_\_ YES \_\_\_\_\_ NO

Did you complete this application yourself? \_\_\_\_\_ YES \_\_\_\_\_ NO

**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!

**Request For Police Record**

Date Requested: \_\_\_\_\_

FULL NAME: \_\_\_\_\_  
Last First Middle Name (Not Initials)

**PLEASE LIST MAIDEN, FORMER MARRIED NAMES OR ALIASES:**

\_\_\_\_\_  
\_\_\_\_\_  
Street number Street Name Apt. Number

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Date-of-Birth Height Weight Eyes Hair

\_\_\_\_\_  
Social Security Number Driver's License Number or State I.D. Number State Where Issued

**I, the undersigned, do hereby authorize the OWENSBORO POLICE DEPARTMENT to search their police records for any arrest, conviction, or information available.**

\_\_\_\_\_  
Signature of Applicant (Not Printed) Signature of Company Official (Employer, Landlord, etc.)

**\*This report includes ONLY contacts recorded by the Owensboro Police Department\***