

LAST NAME

ADDRESS:

LEFAVOR ENVELOPE COMPANY HUMAN RESOURCES

FIRST NAME

CITY:

STATE:

2550 SOUTH 900 WEST SALT LAKE CITY, UTAH 84119 TELEPHONE (801) 972-1848 ~ FAX (801) 972-3647 http://www.lefavor.com

Human Resources Use Only:		
Hire Date:		
Wage:	Shift:	
Drug/Backg	round results:	

DATE:

HOME PHONE:

APPLICATION FOR EMPLOYMENT

MIDDLE

ZIP CODE:

DESIRED POSITION:	FULL / PT		EXPECTED WAGE:		EST. START DATE:
SSN#	ARE YOU L	EGALLY ELIC	GIBLE FOR EMPLOYMENT I	N THE U.S.? YES	NO
WILL YOU WORK OVERTIME IF ASK	(ED? YES	NO			
WHICH SHIFT WILL YOU WORK?	DAYS	SWING	GRAVEYARD		
DO YOU AGREE TO A PRE-EMPLOY (Requirement for employment)	'MENT DRUG TEST? (at no	cost to you?	?)	YES	NO
DO YOU AGREE TO PROVIDE BACK (Requirement for employment)	GROUND CHECK INFORM	MATION UPC	ON REQUEST.	YES	NO
PROSPECTIVE EMPLOYEES WILL R	ECEIVE CONSIDERATION WITHOU	OUT DISCRIMINA	ATION DUE TO RACE, CREED, COL	OR, SEX, AGE HAN	DICAP OR VETERAN STATUS.
DO YOU KNOW OF ANY PHYSICAL YOU ARE APPLYING? SUCH AS U			EEP YOU FROM SATISFAC	FORILY PERFO	RMING THE JOB FOR WHICH
HEARING:	VISION:	BACK PRO	OBLEMS:	OTHER:	
IN CASE OF EMERGENCY NOTIFY:				RELATION	ISHIP:
ADDRESS, CITY, ST, ZIP:				PHONE:	
PLEASE LIST ANY EXPERIENCE	YOU HAVE HAD WOR	KING WITH	MACHINES OR EQUIPM	ENT USED IN	OUR INDUSTRY:
HOBBIES:					

				EMF	PLOYMENT HIS	STORY		
MO	FROM YR	I/TO MO	YR	EMPLOYER/LOCATION	I (MOST RECENT FIRST)	POSITION TITLE	REASON FOR LEAVING	WAGE HR / MO
								/
DUTI	ES		•			•	SUPERVISOR/PHONE	
								/
			•			•		
								/
						•		
								/
			•			•		
TYPI SOF	NG WARI	E PRO	 OGRAI	W.P.M. MS:				
СОМ	PUTE	R HAF	RDWA	RE: IBM/	PC - MAC OTHE	iR		
				HE EMPLOYERS LISTED AB	OVE UNLESS YOU IND	ICATE THOSE Y	OU DO NOT WANT US	TO CONTACT.
DO N	OT CO				DEACON			
	EMPL EMPL				REASON: REASON:			
SC	HOOL			CITY, STATE	COURSE OF STUI	DY # YR	S COMPLETED	GRADUATE
HIGH	SCHO	OOL						
COLI	EGE							
BLICI	NESS/	/ТОЛГ)E					
	INESS/		<u> </u>					
	-							
				ncluding special experience, ed form (e.g. letter of applica		or interest, may	be supplied in the spac	e provided or

I CERTIFY TO LEFAVOR ENVELOPE COMPANY, THE INFORMATION PROVIDED IN THE APPLICATION FOR EMPLOYMENT IS TRUE, CORRECT AND COMPLETE. IF EMPLOYMENT IS OFFERED DUE TO ANY MISSTATEMENT OR OMISSION OF FACT ON THE APPLICATION, SAID ACTION MAY RESULT IN MY DISMISSAL. I UNDERSTAND THAT ACCEPTANCE OF AN OFFER OF EMPLOYMENT DOES NOT CREATE A CONTRACTUAL OBLIGATION UPON THE EMPLOYER TO CONTINUE TO EMPLOY ME IN THE FUTURE.

DATE	APPLICANTS SIGNATURE