



Laser Pros International

1 International Lane, Rhinelander, WI 54501
(715) 369-5995 FAX (715) 369-5999

Additional Locations:
Henderson, NV
Chambersburg, PA
Marshall, TX

Email: careers@laserpros.com

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

If necessary, best time to call you at home is: _____

May we contact you at work? YES NO If yes, when? _____

Date Available: _____ Desired Salary: _____

Position Applied For: _____

Applying For: Full Time Part Time Either

Have you ever worked for this company? YES NO If yes, when? _____

Education

High School: _____ Address: _____

Number of Years Completed _____ Did you graduate? YES NO GPA: _____

College: _____ Address: _____

Number of Years Completed _____ Did you graduate? YES NO GPA: _____

Degree or Field of Study: _____

College: _____ Address: _____

Number of Years Completed _____ Did you graduate? YES NO GPA: _____

Degree or Field of Study: _____

Employment History, Starting With Most Recent

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: _____ Ending Salary: _____

Responsibilities: _____

Dates Employed

From: _____ To: _____ Reason for Leaving: _____

May we contact employer for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: _____ Ending Salary: _____

Responsibilities: _____

Dates Employed

From: _____ To: _____ Reason for Leaving: _____

May we contact employer for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: _____ Ending Salary: _____

Responsibilities: _____

Dates Employed

From: _____ To: _____ Reason for Leaving: _____

May we contact employer for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: _____ Ending Salary: _____

Responsibilities: _____

Dates Employed

From: _____ To: _____ Reason for Leaving: _____

May we contact employer for a reference? YES NO

Explain Any Gaps in Employment: _____

References

Full Name: _____ Relationship: _____

Phone: _____ Years Acquainted: _____

Full Name: _____ Relationship: _____

Phone: _____ Years Acquainted: _____

Full Name: _____ Relationship: _____

Phone: _____ Years Acquainted: _____

Skills/Qualifications/Volunteer Work

Typing WPM: _____ Software/Application: _____

Certifications: _____

Skills/Qualifications/Volunteer Work- Summarize any special training, skills, licenses, certificates and/or characteristics of yourself that may qualify you as being able to perform job-related functions for the position for which you are applying.

Disclaimer and Signature

It is understood and agreed upon that any misrepresentation by me on this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed.

I give the employer the right to investigate all references and to secure additional information about me, if job-related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

The employer is an Equal Opportunity Employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

This application is current for six (6) months. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the employer has the authority to make any assurances to the contrary.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of this person(s) need for an accommodation that would be required by the ADA.

Signature: _____ Date: _____