

APPLICATION FOR EMPLOYMENT

About our Company

Thank you for your interest in applying for a job with LRDG Long Range Delivery Group (the "Company"). Because of our commitment to offering the highest possible service and satisfaction to our customers, we are only interested in hiring the best people for our jobs. We want to have a complete understanding of your qualifications, motivations and interests, so that we can make careful and deliberate hiring decisions that will benefit both the Company and our employees. Please answer the following questions honestly, completely and thoughtfully. This application must be completed in full, even if you are attaching a resume. Incomplete applications will not be considered. The Company is an Equal Opportunity Employer and does not discriminate on the basis of race, color, religion, gender, sexual orientation, gender identity, pregnancy, military status, national origin, ancestry, age, veteran status, disability, genetic information or any other legally-protected classification.

Date of Application _____

PERSONAL INFORMATION

Name: _____
Last Name First Name Middle Initial

Address: _____
Street
City State Zip Code Telephone

Email Address: _____

YOUR JOB INTERESTS

Position Desired: _____ Date you can start work: _____

What starting salary or wage do you expect: \$ _____/hour \$ _____/week \$ _____/month

Are you available for full-time work? Yes _____ No _____

Are there any days and/or times of the week when you would not be available to work?
Please specify: _____

How did you learn of this job opening? _____

YOUR EDUCATION AND TRAINING

Please Circle Highest Grade Completed:

9 10 11 12
High School

1 2 3 4 5 6
College

YOUR WORK EXPERIENCE

Beginning with your present or most recent employer, describe your employment experiences below:

Are you presently employed? Yes _____ No _____

1. Current or Last Employer: _____

Address: _____ Phone: _____

Starting Position: _____

Final Position: _____

Dates Employed: From: _____ To: _____ Supervisor's Name: _____
MM/YYYY MM/YYYY

Reason for Leaving: _____

2. Next Previous Employer: _____

Address: _____ Phone: _____

Starting Position: _____

Final Position: _____

Dates Employed: From: _____ To: _____ Supervisor's Name: _____
MM/YYYY MM/YYYY

Description of Your Work and Responsibilities: _____

Reason for Leaving: _____

PERSONAL INFORMATION

If you are hired, can you submit verification of your legal right to work in the United States (i.e. driver's license, passport, Visa, green card?) Yes _____ No _____

Have you ever been discharged or asked to resign by an employer? Yes _____ No _____

If yes, please explain: _____

Please complete this section if the job for which you are applying requires you to drive Company vehicles.

Do you have a valid driver's license? Yes _____ No _____

License number and State: _____

Has your driver's license ever been suspended, revoked, denied or cancelled? Yes _____ No _____

If yes, please explain: _____

YOUR REFERENCES

List the names of your professional references whom you have known for at least three years.

Please do not list any relatives.

	Name	Occupation	Contact Information
1.	_____	_____	_____
2.	_____	_____	_____

PLEASE READ THE FOLLOWING PARAGRAPHS CAREFULLY BEFORE SIGNING AND INITIALING AFTER EACH PARAGRAPH.

By signing below and initialing after each paragraph, I certify that I have read, understand and agree to each of the following statements:

All of the information I have supplied on this application is true, accurate and complete, to the best of my knowledge, and I have not knowingly withheld any information that, if known to the Company, would affect my application unfavorably. If I am hired by Long Range Delivery Group, and if Long Range Delivery Group discovers at any time during my employment that any of the statements or answers on this application are false, misleading or incomplete, I may be dismissed immediately from my job. _____(Initial Here)

This employment application will be considered for ninety (90) days from the date below. If I want to be considered for a job with the Company after this period of time, I must fill out another application. If hired, I understand that this application becomes part of my official employment record. In consideration of my employment with the Company, I agree to abide by all the Company's rules and regulations. _____(Initial Here)

If I am extended an offer of employment, I agree to submit to a medical examination and/or testing that may include testing for drugs or alcohol prior to beginning work with the Company and I understand that any offer of employment is conditioned upon passing such medical examination and/or testing. I understand that if I am employed by the Company, I may be required, when job related and consistent with the Company's business needs, to undergo a medical examination. I further understand that I may be required to submit to an alcohol or drug test at any time. _____(Initial Here)

I understand that nothing in this employment application creates a contract of employment between the Company and me. If I am hired by the Company, my employment and compensation are 'at will' which means that my employment can be terminated either by the Company or me, with or without cause, and with or without notice. I understand that no manager or supervisor has authority to make an employment agreement with me, either orally or in writing, that is not an at-will agreement. Only the Owner of the Company has the authority to enter into an employment agreement with me for a specified period of time. _____ (Initial Here)

I agree to release to the Company or its designated agents, all medical information, including but not limited to files, reports, x-rays, evaluations and opinions held by medical personnel, to the extent such information is job-related and consistent with the Company's business needs, and agree to execute the necessary HIPAA-compliant release. I acknowledge that this is a general release and that if hired, it remains in effect for the duration of my employment. _____(Initial Here)

In the event of my personal indebtedness to the Company, I authorize the Company to withhold from my wages such amounts as permitted by law to satisfy my obligation to the Company.

_____ (Initial Here)

I give the Company my permission to conduct any investigation regarding the information contained in my employment application that the Company thinks is necessary to determine my qualifications for assuming a job with the Company. I give the Company my permission to contact any former employer, school, college or university, utility company, credit or finance bureau or office, any personal or professional references, or any other appropriate source or individual for the purpose of gathering any information, personal or otherwise, that such sources may have about my character, general reputation, credit, education or employment record, and I give my consent to any such source to release to the Company whatever information they have about me. I also unconditionally release all named and unnamed sources from any and all liability which might result from furnishing any information about me. _____ (Initial Here)

In exchange for the Company considering my application, I agree that any claim or lawsuit I have now or in the future against the Company, its subsidiaries, successors, assignees, managers, employees and/or agents must be filed by me within one year from the date of the act or omission that is the subject of my claim or lawsuit, or within the applicable statute of limitations, whichever time period is shorter. Thus, I expressly waive any statute of limitations period for any such claim or lawsuit longer than one year, regardless of the nature of the claim or action. As further consideration for these promises by me, the Company agrees to waive any statute of limitations period longer than one year from the date of the act or omission that is the subject of the claim or lawsuit it might file against me. _____ (Initial Here)

_____ Date

_____ Signature