APPLICATION FOR EMPLOYMENT

(APPLICATIONS WILL BE KEPT ON FILE FOR 6 MONTHS)

LEXINGTON EARTHWORKS, INC.
AN EQUAL OPPORTUNITY EMPLOYER

Mailing Address: P.O. Box 494 Swansea, SC 29160

PLEASE FILL OUT COMPLETELY

Name: Last, First Middle Present Address: Street City State Zip Code Other Contact No. What is the best time for us to contact you? Position(s) Applying for: Are you over the age of 18? ()Yes (
Social Security No: Last, First Middle Present Address: Street City State Zip Code Other Contact No. What is the best time for us to contact you? Referred by	
Present Address: Street City State Other Contact No. What is the best time for us to contact you? Referred by	
Phone No Other Contact No What is the best time for us to contact you? Referred by	
Position(s) Applying for: Are you over the age of 18? ()Yes (
)No
Do you have a valid driver's license? ()Yes ()No If "yes", list state, number and class:state,number,class	
Are you employed? ()Yes ()No If "yes", may we inquire of your present employer? ()Yes ()No	
Ever applied to this company before? () Yes ()No If "yes", when?	
Date you can start: Salary desired:	
EDUCATIONAL HISTORY	
Circle the highest level completed	
Grammar/High School 1 2 3 4 5 6 7 8 9 10 11 12	
College 1 2 3 4 ast School Attended	
Name Address	
Other Training (Trade School, special training, skills):	
Military Service (Branch, dates, rank & duties):	
FORMER EMPLOYERS (List below last 4 employers starting with the MOST RECENT FIRST.)	
DATES OF COMPANY NAME AND ADDRESS SALARY POSITION REASON FOR LEA	VING
EMPLOYMENT	

DATE

INTERVIEWED BY

REFERENCES List below the names of 3 persons, not related to you, who you have known at least 1 year. NAME ADDRESS/ PHONE NUMBER **BUSINESS** YEARS KNOWN **AUTHORIZATION** It is agreed and understood that the employer or his agent may investigate my background to ascertain any and all information of concern to my record, whether same is of record or not, and I release all employers and persons named herein from all liability for any damages relating to the furnishing of such information. I understand that any misrepresentation or omission of facts called for is cause for dismissal. I agree to furnish such additional information and complete such examinations as may be required to complete my employment file. Applicants are required to have a physical examination, and/or drug testing prior to job placement. Employees may be required to have physical examinations (which may include drug testing) at reasonable intervals or whenever a question of physical condition exists. The cost of the required physical examination and drug testing will be paid by the Company. However, if the employee should quit the Company within thirty(30) days of the hire date, he/she agrees to have the cost of the physical examination deducted from his/her final paycheck. I understand that this application is not an employment contract and that, if hired, my employment and compensation can be terminated, with or without cause, at any time at the option of either the Company or myself. This certifies that this application was completed by me, and that all entries on it and the information in it are true and complete to the best of my knowledge.

DATE

SIGNATURE