

1641 Deadwood Avenue Rapid City SD 57702 APPLICATION FOR EMPLOYMENT

VOID AFTER 90 DAYS

LEi is an Equal Opportunity Employer: Minorities/Religion/Sex/ Protected Veterans/ Disability/Sexual Orientation/Gender Identity/marital Status/Pregnancy/Age/National Origin/Genetic Information. It is also our policy to hire only individuals legally authorized to work in the United States.

NOTE: WE ARE A DRUG FREE WORKPLACE

It is important to note that marijuana remains a drug listed in Schedule I of the Controlled Substances Act. It remains unacceptable for any safety-sensitive employee subject to drug testing to use marijuana.

PERSONAL INFORMATION- Please print clearly Date of Application: ____ Name: _____ Phone: _____ Home Cell email: _____ Are you 18 years or older? Yes No No **EMPLOYMENT WITH LIND-EXCO, INC.** Position: _____ Salary Desired: _____ Are you employed now: Yes \(\bigcup \) No \(\bigcup \) If yes, May we contact your current employer? Yes \(\bigcup \) No \(\bigcup \) Have you previously worked for Lind-Exco? Yes \bigsilon No \bigsilon If yes, when? ______ **EDUCATIONAL HISTORY** NAME/LOCATION **EDUCATION** NO. OF YEARS **GRADUATE?** SUBJECTS STUDIED HIGH SCHOOL COLLEGE TRADE, BUSINESS, CORRESPONDENCE **SCHOOL**

^{*}The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are over the age of 40.



GENERAL

Subject	s of special study or research work:				
US Military or Naval Service: Branch		Rank	Dates		
Please l	list any licenses or certifications you h	old specific to the constr	uction industry:		
EMPLO	YMENT HISTORY				
Begin w	vith current or last job. Account for an	id explain gaps in any em	ployment. Since we will	verify	
your pr	evious employment, experience and ed	ducation, phones numbe	rs are critical. Use a sup	plemental	
sheet if	necessary.				
NOTE:	PIPE LAYERS PLEASE FILL OUT THE ADDIT HEAVY EQUIPMENT OPERATORS PLEASE			NNAIRE	
	Employer Name:	City/State:			
	Dates of Employment:	Job Title:			
	Reason for Leaving:	Pay Rate:			
	Supervisor's Name and Phone:				
	May we contact?				
	Employer Name:	City/State:			
	Dates of Employment:	Job Title:			
	Reason for Leaving:	Pay Rate:			
	Supervisor's Name and Phone:	'			
	May we contact?				
	Employer Name:	City/State:			
	Dates of Employment:	Job Title:			
	Reason for Leaving:	Pay Rate:			
	Supervisor's Name and Phone:	<u> </u>			
	May we contact?				
	Employer Name:	City/State:			
	Dates of Employment:	Job Title:			
	Reason for Leaving:	Pay Rate:			
	Supervisor's Name and Phone:				
	May we contact?				



Do you have a driver's	license? Yes NO O	CDL? YES NO	If yes, state:
Driver's License #:	Endorse	ments:	
Please list all driving vi	olations within the past 5 ye	ears:	
Date		Violation	
REFERENCES			
Give the names of 3 prowork performance:	ofessional references, not re	lated to you, who can ve	erify your experience and
Name	Phone/Address	Business	Years Known
	ng this application the appli r knowledge and belief, and may be		
	s contained in this applications rstand that, if employed; fa		
on my employment a regarding my qualifice educational institution	y person, educational instipplication to disclose in goations and fitness for emplas, and any other persons mation and any other reasess.	od faith any informatic oyment. I will hold LE giving references free	on they may have i, any former employers, of liability for the
Signature of Applicar Were you referred by	LEi employee? Ye	es 🔲 No 🔲	
If no how did you lea	rn of I Fi?		

LEi is an Equal Opportunity Employer