

LATVA MACHINE, LLC.

744 JOHN STARK HIGHWAY • NEWPORT, NH 03773-2607

TELEPHONE: (603) 863-5155 • FAX: (603) 863-7522 • EMAIL: latva@latva.com

Application for Employment

We are an equal opportunity employer dedicated to the policy of non-discrimination in employment on any basis including race, color, age, sex religion, disability, or national origin. Consistent with the Americans with Disabilities Act, applicants may request accommodations needed to participate in the application process.

PERSONAL INFORMATION

Date: _____

Name: _____
Last First Middle

Address: _____
Street City State Zip

Phone: (Home) _____ (Cell) _____ SS# (optional) _____

Email Address: _____

Referred by: _____ Are you 18 years of age or older? Yes or No

EMPLOYMENT DESIRED

Position: _____ Date you could Start: _____

Shift Preference: 1st 2nd 3rd or Any

Are you currently employed? Yes or No Hourly Rate Desired: _____

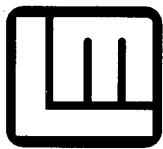
EDUCATION

High School: _____ Did you graduate? Yes or No

College/Other: _____ Did you graduate? Yes or No

LIST JOB RELATED SKILLS

Are you capable of performing the essential functions of the job for which you are applying with or without a reasonable accommodation? ☐ Yes ☐ No



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EMPLOYMENT HISTORY

From/To	Employer Name & Address	Hourly Rate	Position	Reason for Leaving

REFERENCES

Name	Address	Phone	Position	Years Known

If you are hired by Latva Machine Inc, you will be required to attest to your identity and employment eligibility, and to present documents confirming your identity and employment eligibility. You can not be hired if you can not comply with these requirements.

Have you ever been convicted of a felony? Yes or No _____

Authorization: I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire or dismissal if I have been employed, no matter when discovered by the Company.

I understand that any employment is conditioned on a background check. I authorize the Company to thoroughly investigate all statements contained in my application and I authorize my former employers and references to disclose information regarding my former employment, character, and general reputation to the Company, without giving me prior notice of such disclosure. In addition, I release the Company, any former employers, and all references listed above from any and all claims, demands, or liabilities related to such investigation or disclosure.

I understand and agree that nothing contained in this application or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired my employment will be "at will" and without fixed term, and may be terminated at any time with or without cause and without prior notice at the option of either myself or the Company. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon the company unless made in writing.

If I am offered employment, I agree to submit to a physical examination and drug test before starting work. If employed I also agree to submit to a medical examination or drug test at any time deemed appropriate by the Company and as permitted by law. I consent to such examinations and tests and I request that the examining doctor disclose to the Company the results of the examination which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment to the extent permitted by law, is contingent upon satisfactory medical examinations and drug tests, and if I am hired a condition of my employment will be that I abide by the Company's Drug & Alcohol Policy.

I understand that filling out this form does not indicate there is a position open and does not obligate the Company to hire. I agree to abide by all Company work rules, policies and procedures. The Company retains the right to revise its policies or procedures in whole or in part at any time.

SIGNATURE: _____ **DATE:** _____