

Leamington Co and Affiliated Employers

215 Holding Co. • First Farmers & Merchants Bank • FFM Shared Services LLC • Liberty National Bank
Admiral Merchants Motor Freight, Inc • Leamington Co. • St. Paul Flight Center, Inc

Date of application: _____

Name: _____
Last First Middle

Address: _____
Street City State Zip

Telephone: Residence (____) _____ Cell (____) _____

Email address: _____ Position desired: _____

Date available for work: _____ Are you 18 years of age or over? ☐ Yes ☐ No

Type of employment: ☐ Full-time ☐ Part-time (# hrs/wk) _____ ☐ Temporary ☐ Seasonal

Hours/days available: ☐ Day ☐ Evening ☐ Night ☐ Weekdays ☐ Weekends

Are you legally eligible for employment in the United States? ☐ Yes ☐ No

Are you able to provide the acceptable Form I-9 document(s) for employment? ☐ Yes ☐ No

Can you do the listed job duties with or without reasonable accommodations? ☐ Yes ☐ No

EDUCATION (Include high school and/or institution issuing GED and any additional education/courses taken. Do not list dates of attendance for high school. List most recent education first.)

Name of School: _____ Graduation Date: _____

Degree/Diploma Received: _____ Major/Minor: _____

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Degree/Diploma Received: _____ Major/Minor: _____

Name of School: _____ Graduation Date: _____

Degree/Diploma Received: _____ Major/Minor: _____

MILITARY TRAINING (List dates and training received): _____

EMPLOYMENT, VOLUNTEER AND MILITARY EXPERIENCE Please list all work, volunteer and military experiences (include self-employment, if any) starting with most recent or current experience.

1. MOST RECENT OR CURRENT EMPLOYER: _____

Address: _____
Street City State Zip

Telephone/Email: _____ Supervisor: _____

May we contact? _____ Start date: _____ End date: _____
month/day/year month/day/year

Job title: _____ Reason for leaving: _____

Description of work and skills used (include tools, equipment and computer skills): _____

Accomplishments: _____

2. EMPLOYER: _____

Address: _____
Street City State Zip

Telephone/Email: _____ Supervisor: _____

May we contact? _____ Start date: _____ End date: _____
month/day/year month/day/year

Job title: _____ Reason for leaving: _____

Description of work and skills used (include tools, equipment and computer skills): _____

Accomplishments: _____

3. EMPLOYER: _____

Address: _____
Street City State Zip

Telephone/Email: _____ Supervisor: _____

May we contact? _____ Start date: _____ End date: _____
month/day/year month/day/year

Job title: _____ Reason for leaving: _____

Description of work and skills used (include tools, equipment and computer skills): _____

Accomplishments: _____

EXPLAIN GAPS IN WORK HISTORY (please provide month/day/year for each gap)

ADDITIONAL INFORMATION Please list any other skills, trainings, experience, abilities, worker traits, computer knowledge, licenses/certifications or anything else not listed above that would be a reason for us to hire you.

REFERENCES List three persons (not related to you) who can be contacted regarding your qualifications, work habits and character.

1. _____
Name Address

Telephone Email Occupation Years Known

2. _____
Name Address

Telephone Email Occupation Years Known

3. _____
Name Address

Telephone Email Occupation Years Known

- I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed; falsified statements on this application shall be grounds for dismissal.
- I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.
- I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

Signature

Date