

# LLOYD's Exercise Equipment, LLC

## Application for Employment

*LLOYD's Exercise Equipment is an Equal Opportunity Employer*

**Position applied for (circle one) :** service technician or part time sales & office clerk

**Date :** \_\_\_\_\_

**Name :** \_\_\_\_\_

Last

First

Middle

**Address :** \_\_\_\_\_

Street

City

State

Zip Code

**Telephone :** \_\_\_\_\_ **Cell Phone :** \_\_\_\_\_

### General Questions

**Type of employment desired :** full-time part-time temporary

**Date Available to Work :** \_\_\_\_\_

**Are you able to meet the attendance requirements?** Yes No

**Do you have any objection to working overtime if necessary?** Yes No

**Have you ever been previously employed by Lloyd's?** Yes No

**Can you submit proof of legal employment authorization and identity?** Yes No

**If you are under 18, can you furnish a work permit if it is required?** Yes No

**Have you ever been convicted of a crime in the last 7 years?** Yes No

**If yes, please explain** (a conviction will not automatically bar employment) :

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**Driver's Licence number (if driving is an essential job duty):** \_\_\_\_\_

**How were you referred to us?** \_\_\_\_\_

### Skills and Qualifications

Summarize any training, skills, licenses, and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

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## Employment History

Please provide all employment information for your past four employers starting with the most recent.

Employed From \_\_\_\_\_ to \_\_\_\_\_ Position held: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Final Salary: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Job summary: \_\_\_\_\_

Immediate supervisor and title: \_\_\_\_\_

Employed From \_\_\_\_\_ to \_\_\_\_\_ Position held: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Final Salary: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Job summary: \_\_\_\_\_

Immediate supervisor and title: \_\_\_\_\_

Employed From \_\_\_\_\_ to \_\_\_\_\_ Position held: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Final Salary: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Job summary: \_\_\_\_\_

Immediate supervisor and title: \_\_\_\_\_

## Educational History If Job-Related

High School: \_\_\_\_\_

Name of School	Years Completed	Course of Study	Degree or Diploma earned?
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College: \_\_\_\_\_

Name of School	Years Completed	Course of Study	Degree or Diploma earned?
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Technical School: \_\_\_\_\_

Name of School	Years Completed	Course of Study	Degree or Diploma earned?
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Other: \_\_\_\_\_

## References

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## Release

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I understand that it is the policy not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that persons need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please complete, sign and date the application and return to our office.**

Fax : (386) 322-3213

Office : 2247 S. Ridgewood Avenue (US1) South Daytona, Florida 32119

Thank you for applying. We will keep your application on file for 6 months.