

**LATS**P.O. Box 286  
Lawton, OK 73502**APPLICATION FOR EMPLOYMENT****BACKGROUND CHECKS****LATS will conduct a full background check on all candidates for employment.****PLEASE COMPLETE AND SIGN THE SEPARATE NOTIFICATION FORM****DRUG SCREENING****LATS is committed to maintaining a DRUG-FREE workplace.****All offers of employment are contingent upon successful completion of a pre-employment drug screen. PLEASE COMPLETE AND SIGN THE SEPARATE NOTIFICATION FORM**

Thank you for considering applying for a position with LATS. We appreciate the time you are giving to complete this application form. It is important that you fully and accurately complete this form yourself and indicate the position(s) for which you wish to be considered. Please be very careful completing this application. We use a sophisticated and detailed background and employment screening process which will disclose inaccurate, false, and/or incomplete or omitted information. This application will remain on file for 180 days from the date herein whereupon you should resubmit a new application if you are interested in a position with LATS.

**The following must be filled out completely for your application to be considered***[Please Print]***PERSONAL INFORMATION:**Name \_\_\_\_\_  
Last First MiddleHave you ever used another name?  Yes  No List all other names by which you have been known: \_\_\_\_\_

Position you are applying for: \_\_\_\_\_

Present Address: \_\_\_\_\_  
No. Street City State ZipMailing Address: \_\_\_\_\_  
(if different) No. Street City State Zip

Business Telephone (\_\_\_\_) \_\_\_\_\_ Home Telephone (\_\_\_\_) \_\_\_\_\_

Social Security # \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ Have you ever used another Social Security Number?  Yes  No

Please list the cities and corresponding state you have lived in during the past 7 years: 1 \_\_\_\_\_

2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_

Do you have a valid drivers license? \_\_\_\_\_ If so, what state: \_\_\_\_\_ Driver's License # \_\_\_\_\_

Have you been a licensed driver for the last 5 years?  Yes  No

List all moving violations and accidents in the past three years: \_\_\_\_\_

Drivers license classification: C \_\_\_\_\_ CDL-C \_\_\_\_\_ CDL- B \_\_\_\_\_ CDL-A \_\_\_\_\_ Endorsements: \_\_\_\_\_

Have you ever been convicted for driving under the influence (DUI)?  Yes  NoIf hired, would there be anything preventing you from working as scheduled?  Yes  NoIf hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country?  Yes  No  
(Note: Proof of age and eligibility for employment will be required if you are hired.)Have you ever been terminated or asked to resign from a job?  Yes  No Please explain: \_\_\_\_\_

Are you available to work: \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Seasonal

What days and hours are you available for work? \_\_\_\_\_

Circle the days you would be available:

Monday      Tuesday      Wednesday      Thursday      Friday      Saturday      Sunday

What are the times you would not be available to work? \_\_\_\_\_

Would you be available to work overtime, if necessary?  Yes  No

If hired, on what date can you start work? \_\_\_\_\_

Have you ever applied to or worked for LATS before?  Yes  No    If yes, when? \_\_\_\_\_

Do you have any friends or relatives working for LATS?  Yes  No    If yes, state name(s) and relationship(s) \_\_\_\_\_

Do you have any commitment to another entity or person that might affect your employment with LATS?  Yes  No

If yes, describe fully: \_\_\_\_\_

**REFERENCES:** How were you referred to our Company? \_\_\_\_\_ Newspaper    \_\_\_\_\_ Walk In    \_\_\_\_\_ Internet  
 \_\_\_\_\_ Employee Referral (Name \_\_\_\_\_)    \_\_\_\_\_ Other (\_\_\_\_\_)

List below three persons not related to you who have knowledge of your work performance within the last three years. If this does not apply to you, then provide three school or personal references who are not related to you.

	<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Years Known</u>
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____

**EDUCATION, TRAINING AND EXPERIENCE:**

<b>School: <u>Name and Address</u></b>	<b><u>No. of Years Completed</u></b>	<b><u>Degree or Diploma</u></b>	<b><u>Did you Graduate?</u></b>
High School _____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No
College/University _____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No
Vocational/Business _____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No

Some of our customers/clients may not speak English. Do you speak, write or understand any other languages?  Yes  No  
 If yes, which language(s): \_\_\_\_\_

Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work at LATS?  Yes  No  
 Explain: \_\_\_\_\_

Managerial Skills:  Yes  No - Typing Speed: \_\_\_\_ WPM - Ten Key:  Yes  No - Shorthand:  Yes  No - Spreadsheet:  Yes  No -

Graphics  Yes  No - Word Processing:  Yes  No - Database Programs:  Yes  No - Dictaphone:  Yes  No

Please describe your skills: \_\_\_\_\_

List any computer programs with which you are familiar: \_\_\_\_\_

**EMPLOYMENT HISTORY:** List below all present and past employment for the last ten (10) years, starting with your most recent employer. You *must* complete this section even if attaching a resume. Note: Attach additional page(s) if necessary)

Are you employed now? .....  Yes  No      If Yes, may we contact your present employer? .....  Yes  No

**1. Name of Employer:** \_\_\_\_\_ Type of Business: \_\_\_\_\_

Address: \_\_\_\_\_  
                     No.                      Street                      City                      State                      Zip

Telephone No. ( \_\_\_\_\_ ) \_\_\_\_\_ Your Supervisor's Name: \_\_\_\_\_

Your Position and Duties: \_\_\_\_\_

Date of Employment: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Ending wage \_\_\_\_\_  Hourly /  Monthly

Did you operate a Commercial Motor Vehicle on this job? \_\_\_\_\_ Was termination voluntary or involuntary?  Vol  InVol

Exact Reason for Leaving: \_\_\_\_\_

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**2. Name of Employer:** \_\_\_\_\_ Type of Business: \_\_\_\_\_

Address: \_\_\_\_\_  
                     No.                      Street                      City                      State                      Zip

Telephone No. ( \_\_\_\_\_ ) \_\_\_\_\_ Your Supervisor's Name: \_\_\_\_\_

Your Position and Duties: \_\_\_\_\_

Date of Employment: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Ending wage \_\_\_\_\_  Hourly /  Monthly

Did you operate a Commercial Motor Vehicle on this job? \_\_\_\_\_ Was termination voluntary or involuntary?  Vol  InVol

Exact Reason for Leaving: \_\_\_\_\_

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**3. Name of Employer:** \_\_\_\_\_ Type of Business: \_\_\_\_\_

Address: \_\_\_\_\_  
                     No.                      Street                      City                      State                      Zip

Telephone No. ( \_\_\_\_\_ ) \_\_\_\_\_ Your Supervisor's Name: \_\_\_\_\_

Your Position and Duties: \_\_\_\_\_

Date of Employment: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Ending wage \_\_\_\_\_  Hourly /  Monthly

Did you operate a Commercial Motor Vehicle on this job? \_\_\_\_\_ Was termination voluntary or involuntary?  Vol  InVol

Exact Reason for Leaving: \_\_\_\_\_

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**4. Name of Employer:** \_\_\_\_\_ Type of Business: \_\_\_\_\_

Address: \_\_\_\_\_  
                     No.                      Street                      City                      State                      Zip

Telephone No. ( \_\_\_\_\_ ) \_\_\_\_\_ Your Supervisor's Name: \_\_\_\_\_

Your Position and Duties: \_\_\_\_\_

Date of Employment: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Ending wage \_\_\_\_\_  Hourly /  Monthly

Did you operate a Commercial Motor Vehicle on this job? \_\_\_\_\_ Was termination voluntary or involuntary?  Vol  InVol

Exact Reason for Leaving: \_\_\_\_\_

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**EMPLOYMENT HISTORY:** List below all present and past employment for the last ten (10) years, starting with your most recent employer. You *must* complete this section even if attaching a resume. Note: Attach additional page(s) if necessary)

**5. Name of Employer:** \_\_\_\_\_ Type of Business: \_\_\_\_\_

Address: \_\_\_\_\_  
                   No.                  Street                  City                  State                  Zip

Telephone No. ( \_\_\_\_\_ ) \_\_\_\_\_ Your Supervisor's Name: \_\_\_\_\_

Your Position and Duties: \_\_\_\_\_

Date of Employment: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Ending wage \_\_\_\_\_ o Hourly / o Monthly

Did you operate a Commercial Motor Vehicle on this job? \_\_\_\_\_ Was termination voluntary or involuntary? o Vol o InVol

Exact Reason for Leaving: \_\_\_\_\_

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**6. Name of Employer:** \_\_\_\_\_ Type of Business: \_\_\_\_\_

Address: \_\_\_\_\_  
                   No.                  Street                  City                  State                  Zip

Telephone No. ( \_\_\_\_\_ ) \_\_\_\_\_ Your Supervisor's Name: \_\_\_\_\_

Your Position and Duties: \_\_\_\_\_

Date of Employment: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Ending wage \_\_\_\_\_ o Hourly / o Monthly

Did you operate a Commercial Motor Vehicle on this job? \_\_\_\_\_ Was termination voluntary or involuntary? o Vol o InVol

Exact Reason for Leaving: \_\_\_\_\_

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**7. Name of Employer:** \_\_\_\_\_ Type of Business: \_\_\_\_\_

Address: \_\_\_\_\_  
                   No.                  Street                  City                  State                  Zip

Telephone No. ( \_\_\_\_\_ ) \_\_\_\_\_ Your Supervisor's Name: \_\_\_\_\_

Your Position and Duties: \_\_\_\_\_

Date of Employment: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Ending wage \_\_\_\_\_ o Hourly / o Monthly

Did you operate a Commercial Motor Vehicle on this job? \_\_\_\_\_ Was termination voluntary or involuntary? o Vol o InVol

Exact Reason for Leaving: \_\_\_\_\_

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**8. Name of Employer:** \_\_\_\_\_ Type of Business: \_\_\_\_\_

Address: \_\_\_\_\_  
                   No.                  Street                  City                  State                  Zip

Telephone No. ( \_\_\_\_\_ ) \_\_\_\_\_ Your Supervisor's Name: \_\_\_\_\_

Your Position and Duties: \_\_\_\_\_

Date of Employment: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Ending wage \_\_\_\_\_ o Hourly / o Monthly

Did you operate a Commercial Motor Vehicle on this job? \_\_\_\_\_ Was termination voluntary or involuntary? o Vol o InVol

Exact Reason for Leaving: \_\_\_\_\_

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**UNEMPLOYMENT HISTORY:** Please account for any time(s) you were not employed in the last 10 years, after leaving school. You do not need to include periods of one month or less. (Note: Attach additional page(s) if necessary.)

You must account for all periods of unemployment.

<u>Time Period</u>	<u>Reason(s) Unemployed</u>	<u>Time Period</u>	<u>Reason(s) Unemployed</u>
_____	_____	_____	_____
_____	_____	_____	_____

**MILITARY SERVICE:**

Were you ever in the Armed Services? \_\_\_\_\_ Yes \_\_\_\_\_ No If so, what branch? \_\_\_\_\_

Dates of Duty: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

Have you obtained any special skills or abilities as a result of service in the military? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, describe: \_\_\_\_\_

**Have you in the last 7 years, under your name or another name, been convicted of, pleaded guilty or nolo contendere to, received deferred adjudication for, or been on any form of diversion for any criminal offense?**

Yes  No

**Have you ever, under your name or another name, been convicted of a crime, which resulted with your being in prison and released from prison or paroled? ....**  Yes  No

If yes, explain each conviction fully, when, where and of what you were convicted and disposition of the case(s): \_\_\_\_\_

Are you currently under arrest, or released on bond or your own recognizance, pending trial for a criminal offense?  Yes  No

If yes, state the nature of the crime charged, and when and where trial is pending: \_\_\_\_\_

(Note: No applicant will be denied employment solely on the grounds that they have been charged, committed or been convicted [or pleaded guilty or nolo contendere] of a criminal offense; or, solely on an affirmative answer above)

Are you able to perform the essential functions of the job for which you are applying with or without reasonable accommodation?

Yes  No If no, describe the functions that cannot be performed: \_\_\_\_\_

Is there any reason why you would not be able to fully conform to all attendance requirements?  Yes  No

Describe fully: \_\_\_\_\_

(Note: We comply with the ADA and provide reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

**NOTICE:** Thank you for completing this application form. If there is a current opening in the position(s) you are seeking and the information in your application suggests you meet minimum qualifications and are among the best qualified candidates for that position, you may be contacted for an interview. If you are interviewed, you will be informed of a final decision once the *entire interview process* is completed which includes a complete background check and pre-employment drug test. If there is no opening in the position(s) you are seeking, your application will be kept active for 180 days. If you wish to be considered for employment after that time, you must reapply. Thank you for your interest in our company. Please read page six carefully, print your name, initial, sign, and date.

**AUTHORIZATION**

**PLEASE READ THE FOLLOWING CAREFULLY, INITIAL EACH PARAGRAPH, THEN SIGN BELOW  
PLEASE COMPLETE AND SIGN ANY SEPARATE DOCUMENTS WHICH MAY BE ATTACHED**

**PERSONALLY COMPLETED FORM HONESTLY AND ACCURATELY**

BY MY SIGNATURE AND INITIALS PLACED BELOW, I PROMISE THAT I HAVE PERSONALLY COMPLETED THIS APPLICATION. I DECLARE UNDER PENALTY OF PERJURY THAT THE INFORMATION PROVIDED IN THIS EMPLOYMENT APPLICATION (AND ACCOMPANYING RESUME, IF ANY) IS TRUE AND COMPLETE, AND I UNDERSTAND THAT ANY FALSE INFORMATION OR SIGNIFICANT OMISSIONS MAY DISQUALIFY ME FROM FURTHER CONSIDERATION FOR EMPLOYMENT, AND MAY BE JUSTIFICATION FOR MY DISMISSAL FROM EMPLOYMENT IF DISCOVERED AT A LATER DATE). I UNDERSTAND THAT ANY JOB OFFER WILL BE CONDITIONAL BASED ON THE SATISFACTORY REVIEW OF MY QUALIFICATIONS INCLUDING ANY AND ALL BACKGROUND OR DRUG SCREENING WHICH MAY BE REQUIRED. \_\_\_\_\_ INITIALS

**DRUG & ALCOHOL SCREENING**

IF THE COMPANY MAKES A CONDITIONAL JOB OFFER, I GIVE PERMISSION FOR A PHYSICAL EXAMINATION INCLUDING A PRE-EMPLOYMENT DRUG SCREEN. RESULTS WILL BE HELD IN CONFIDENCE BY LATS EXCEPT WHERE RELEASE OF SUCH INFORMATION IS REQUIRED BY LAW. \_\_\_\_\_ INITIALS

**OTHER EMPLOYMENT**

I UNDERSTAND THAT, IF HIRED, I MAY NOT HOLD OTHER EMPLOYMENT OR ENGAGE IN OTHER ACTIVITIES THAT CREATE A CONFLICT OF INTEREST WITH MY POSITION WITH THE COMPANY UNLESS I HAVE BEEN GIVEN PERMISSION IN WRITING BY THE COMPANY. \_\_\_\_\_ INITIALS

**AUTHORIZATION TO OBTAIN INFORMATION**

I VOLUNTARILY AND KNOWINGLY AUTHORIZE ANY PAST EMPLOYER; EDUCATIONAL INSTITUTION; LAW ENFORCEMENT AGENCY; STATE, LOCAL, OR FEDERAL AGENCY; MILITARY BRANCH; THE NATIONAL PERSONNEL RECORDS CENTER; PERSONAL REFERENCE; AND/OR OTHER PERSONS; TO GIVE RECORDS OR INFORMATION THEY MAY HAVE CONCERNING MY CRIMINAL HISTORY, MOTOR VEHICLE RECORD, EDUCATIONAL HISTORY, LICENSING, EMPLOYMENT (INCLUDING CHARACTER, EARNINGS HISTORY AND REASONS FOR TERMINATION) OR ANY OTHER INFORMATION REQUESTED BY LATS TO DETERMINE MY ELIGIBILITY FOR EMPLOYMENT. \_\_\_\_\_ INITIALS

**RELEASE**

I VOLUNTARILY WAIVE ALL RECOURSE AND RELEASE ANY COMPANY, INDIVIDUAL OR ORGANIZATION FROM LIABILITY FOR COMPLYING WITH ANY REQUEST FROM THE COMPANY OR AGENTS OF THE COMPANY (INCLUDING ANY CONSUMER REPORTING AGENCY) TO OBTAIN ANY INFORMATION FROM ANY SOURCE WHATSOEVER RELATING TO MY APPLICATION FOR EMPLOYMENT. I FURTHER RELEASE THE COMPANY OR ANY INDIVIDUAL WITHIN THE COMPANY REGARDING THE USE ANY INFORMATION RECEIVED WHICH MAY HAVE BEARING ON MY APPLICATION FOR EMPLOYMENT. \_\_\_\_\_ INITIALS

**NOTIFICATION & COMPLIANCE WITH RULES**

I AGREE TO IMMEDIATELY NOTIFY LATS IF I SHOULD BE CONVICTED OF A CRIME WHILE MY JOB APPLICATION IS PENDING, OR DURING MY EMPLOYMENT IF HIRED. IF I BECOME EMPLOYED, IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO COMPLY WITH THE RULES, REGULATIONS, POLICIES AND PROCEDURES OF LATS. \_\_\_\_\_ INITIALS

**AGREEMENT FOR AT-WILL EMPLOYMENT**

I UNDERSTAND AND AGREE THAT NOTHING CONTAINED IN THIS APPLICATION, OR CONVEYED DURING ANY INTERVIEW WHICH MAY BE GRANTED, OR DURING MY EMPLOYMENT IF HIRED, IS INTENDED TO CREATE AN EMPLOYMENT CONTRACT BETWEEN LATS AND LATS. IN ADDITION, I UNDERSTAND AND AGREE THAT IF YOU EMPLOY ME, IN CONSIDERATION OF MY EMPLOYMENT, MY EMPLOYMENT WILL BE AT-WILL, FOR NO DEFINITE OR DETERMINABLE PERIOD OF TIME, AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES OR SALARY, BE TERMINATED AT ANY TIME, FOR ANY REASON OR FOR NO REASON AT ALL, WITH OR WITHOUT PRIOR NOTICE, AT THE OPTION OF LATS OR ME. I UNDERSTAND AND AGREE THAT NO PROMISES OR REPRESENTATIONS CONTRARY TO THE FOREGOING ARE BINDING ON LATS UNLESS MADE IN WRITING AND SIGNED BY ME AND AN AUTHORIZED OFFICER OF LATS. I PROMISE THAT I HAVE NOT RELIED, AND WILL NOT RELY, ON ANY ORAL OR WRITTEN STATEMENTS TO THE CONTRARY. I UNDERSTAND AND AGREE THAT THIS IS THE ENTIRE AGREEMENT BETWEEN LATS AND ME REGARDING THE TERM OF MY EMPLOYMENT AND REPLACES ANY OTHER ORAL OR WRITTEN AGREEMENT OR UNDERSTANDING. \_\_\_\_\_ INITIALS

**I certify that all of the information provided by me on this Application is true and accurate.**

Signature: \_\_\_\_\_

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

Print Name: \_\_\_\_\_

**LATS IS AN EQUAL OPPORTUNITY EMPLOYER. IT IS THE POLICY OF THIS COMPANY TO CONSIDER ALL JOB APPLICATIONS ON THE BASIS OF MERIT WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, AGE, NATIONAL ORIGIN, ANCESTRY, MARITAL STATUS, DISABILITY OR ANY OTHER PROTECTED CHARACTERISTIC.**