



**L. F. Manufacturing, Inc.**  
Application for Employment

*P. O. Box 578  
Giddings, TX 78942  
Phone: 800-237-5791  
Fax: 979-542-0911*

*300 W. Riddleville Rd.  
Karnes City, TX 78118  
Phone: 800-237-5791  
Fax: 979-542-0911*

*2450 Industrial Boulevard  
Waycross, GA 31503  
Phone: 912-285-7576  
Fax: 912-285-7553*

*2599 FM 3033  
Stanton, Texas 79782  
Phone: 432-459-2700*



Dear Prospective Employee,

Thank you for your interest in employment with our Company. We appreciate your application and look forward to the possibility of you joining our team. This sheet is for your information. Please read it carefully!

If you need any assistance or accommodation to facilitate the filling out of this form or during any of the application process, please notify the person who gave you this form and every effort will be made to provide you with the help you request.

Please complete the application portion of this form. Do not complete any other portions until asked to do so. Please print all information so it can be easily read. Be certain that all forms are completely filled out and that you sign them. Incomplete information forms will not be considered. Use the abbreviation "N/A" if a particular provision or section in the form is not applicable to you. If you need additional space, you may use the back of the form.

This application form is intended for use in evaluating your qualifications for employment. This is not a contract for employment. False or misleading information given in this form or during the interview process are grounds for terminating the application process or, if discovered after employment, for terminating employment.

Employment decisions are made solely on the basis of qualifications to perform the work for which you are applying. Qualifications include education, training, and work experience. Credentials and experience will be verified through schools, former employers, and any other applicable sources. As an Equal Opportunity Employer, we make decisions to hire and promote without regard to race, color, creed, national origin, sex, physical or mental disability ( unrelated to ability to perform the job), or age (as defined by law).

Once again, we appreciate your interest!

I have read and understood the above information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**APPLICATION FOR JOB OFFER**

Today's Date: \_\_\_\_\_

Position applying for \_\_\_\_\_

Desired Salary: \_\_\_\_\_

**PERSONAL INFORMATION**

Name: \_\_\_\_\_  
(Last) (First) (Middle)

SS#: \_\_\_\_\_

Current Address: \_\_\_\_\_  
\_\_\_\_\_

Permanent Address (if different): \_\_\_\_\_

Prior Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate #: \_\_\_\_\_

Are you age 19 or older?  Yes  No

If no, please provide your birth date: \_\_\_\_\_

Are you eligible to work in the U.S.?  Yes  No

Notify in case of emergency: \_\_\_\_\_ Phone # \_\_\_\_\_

**EDUCATION**

Circle the highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 GED

Name and address of last school attended: \_\_\_\_\_

Vocational or Business schools attended: \_\_\_\_\_

**EMPLOYMENT HISTORY**

In order for your application to be considered, every question must be answered. Correct phone numbers are very important.

Are you currently employed?  Yes  No



We routinely contact an applicant's current employer, previous employers and personal references.

Would this cause a problem for you?  Yes  No

If yes, please explain: \_\_\_\_\_

**CURRENT OR MOST RECENT EMPLOYER**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Position / Duties: \_\_\_\_\_ Salary: \_\_\_\_\_

From: \_\_\_\_\_ to \_\_\_\_\_ Supervisor: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**NEXT PREVIOUS EMPLOYER**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Position / Duties: \_\_\_\_\_ Salary: \_\_\_\_\_

From: \_\_\_\_\_ to \_\_\_\_\_ Supervisor: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**NEXT PREVIOUS EMPLOYER**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Position / Duties: \_\_\_\_\_ Salary: \_\_\_\_\_

From: \_\_\_\_\_ to \_\_\_\_\_ Supervisor: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_



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**REFERENCES**

Please list 3 people that are familiar with your work capabilities. Do not list relatives.

1. \_\_\_\_\_  
Name Address Phone # (if known)

\_\_\_\_\_  
Position Yrs known

2. \_\_\_\_\_  
Name Address Phone # (if known)

\_\_\_\_\_  
Position Yrs known

3. \_\_\_\_\_  
Name Address Phone # (if known)

\_\_\_\_\_  
Position Yrs known



**MERCHANDISE PURCHASE**

*(Compra de Mercancia)*

L.F. Manufacturing, Inc., is authorized to deduct from my next earned income, the full amount of any merchandise ordered by me for my personal use and invoiced to L.F. Manufacturing, Inc.

*(L.F. Manufacturing, Inc, esta autorizada a deduat de mi proximo ingreso ganado disponible, la suma complete de cualquier mercancis que yo haya comprador y ordenado para mi uso personal y factura a L.F. Manufacturing, Inc)*

I have read and understood the above.  
*(He leído y entiendo esta notificación.)*

\_\_\_\_\_  
Date  
*(Fecha)*

\_\_\_\_\_  
Signature  
*(Firma)*

**UNIFORMS AND EQUIPMENT LOST OR NOT RETURNED**

*(Uniformes y Equipo Perdidos o no Retornados)*

L.F. Manufacturing, Inc. is authorized to deduct from my next available earned income, the full payment for any uniforms and or equipment lost, damaged, or altered for size or style change, or not returned.

*(L.F. Manufacturing, Inc. esta autorizada a deducir de mi proximo ingreso ganado disponible, la suma complere por cualquier uniforme y equip que yo haya perdido, danado, alterado o no retornado.)*

I have read and understood the above.  
*(He leído y entiendo esta notificación.)*

\_\_\_\_\_  
Date  
*(Fecha)*

\_\_\_\_\_  
Signature  
*(Firma)*

**DRUG AND ALCOHOL TEST**



*(De Drogas y Alcohol Prueba)*

I understand and agree that the management of L.F. Manufacturing, Inc. may request a drug and or alcohol test of me at anytime.

*(Yo entiendo y acepto que la gerencia de L.F. Manufacturing, Inc. puede requerir que tome una prueba para me.)*

Such a test will be conducted by a local recognized testing company that normally conducts such testing as a usual business activity. I understand the results of such a drug and alcohol test will not be revealed to anyone except management of L.F. Manufacturing, Inc.

*(Dicha prueba sera conducida por una compania reconocida para efectuar pruebas de esta indole que normalmente hace de esto su actividad normal de negocio Yo entiendo que los resultados de esta prueba de Drogas y alcohol no sera revelada a nadie ma que a la gerencia de L.F. Manufacturing, Inc.)*

I further understand that I may lose eligibility for unemployment compensation should I fail to receive an acceptable result from any drug or alcohol test conducted on me.

*(Además, entiendo que puedo perder el derecho a la indemnización por desempleo debo dejar de recibir un resultado aceptable de cualquier droga o alcohol prueba realizada sobre mí.)*

I understand that the Company requests such information as a part of its continuing efforts to maintain the highest quality of safety program and assure all employees a safe work environment.

*(Yo entiendo que la compania necesita esta informacion para mantener un major programa de seguridad para todos los empleados.)*

I have read and understood the above.  
*(He leído y entiendo esta notificación.)*

\_\_\_\_\_  
Date  
*(Fecha)*

\_\_\_\_\_  
Signature  
*(Firma)*

**NOTICE TO EMPLOYEES**  
*(Adviso a todos los Empleados)*



L.F. Manufacturing, Inc. has workers compensation insurance coverage from Texas Mutual Insurance Group to protect you. You can get more information about your workers compensation rights from any office of the Texas Workers Compensation Commission or by calling 1-800-252-7031. You may elect to retain your common law right of action if no later than five days after beginning employment, you notify L.F. Manufacturing, Inc. in writing that you wish to retain your common law right of action, and you cannot obtain workers compensation income or medical benefits if you are injured.

*(L.F. Manufacturing, Inc. esta cubierto por aseguranza de compensacion al trabajador atraves de Texas Mutual Insurance Group para su proteccion. Usted puede obtener informacion adicional sobre sus derechos de compensacion al trabajador de cualquier oficina de la Comision de Compensacion de Trabajadores de Tejas, o puede llamar al 1-800-252-7031.*

*Usted puede elegir retener su derechos a acciones bajo la ley comun, si, no L.F. Manufacturing, Inc. por escrito que usted deseaa retener su derechos bajo la ley comun para recobrar danos por lecciones personales. Si usted elige su derechos de accion por la ley comun, usted no puede obtener ingreso de compensacion al trabajador o beneficios medicos si es usted lesionado/a.)*

I have read and understood the above.  
*(He leido y entiendo esta notificacion.)*

\_\_\_\_\_  
Date  
*(Fecha)*

\_\_\_\_\_  
Signature  
*(Firma)*

**APPLICANT CERTIFICATION AND AGREEMENT**





I certify that all the information given on this application is true, correct, and complete to my knowledge. I also certify that I have accounted correctly for my work experience, education, and training.

*(Yo certifico que toda la información suministrada en esta solicitud es verdadera, correcta y completa a mi conocimiento. Además, certifico que tengo representaba correctamente para mi experiencia laboral, educación y formación.)*

I understand that misrepresentation or omission of facts will be due cause of cancellation of my consideration for employment, or dismissal, once employed.

*(Entiendo que la falsedad u omisión de hechos será causa de cancelación de mi cuenta para el empleo, o el despido, una vez empleados.)*

I further understand and agree that employment by this Company will be “at will”. That is, either the Company or I may end the employment relationship at any time for any reason or for no reason. Also, I understand that no representative of the Company has the authority to enter into any agreement with me for employment for any specific period of time or make any agreement with me contrary to the foregoing.

*(Yo entiendo y acepto que el empleo de esta empresa será "a voluntad". Es decir, la empresa o me pueden terminar la relación de empleo en cualquier momento y por cualquier motivo o sin motivo alguno. Asimismo, entiendo que ningún representante de la empresa tiene la autoridad para entrar en cualquier acuerdo conmigo para el empleo durante un período de tiempo específico o realizar cualquier acuerdo conmigo contrario a lo anterior.)*

I further certify that I have no objection to the following conditions concerning my employment:

*(Certifico además que no tengo ninguna objeción a las siguientes condiciones relativas a mi empleo:)*

1. Taking a physical agility test if required for the essential functions of a specific position.  
*(Tomar una prueba de agilidad física si es necesario para las funciones esenciales de una posición específica.)*
2. I understand the job I am applying for may require me to lift up to 40 lbs.  
*(Entiendo que el trabajo que estoy solicitando me puede requerir levantar hasta 40 libras.)*
3. Submitting to a drug and alcohol examination when requested by the Company as stated in the Company Drug and Alcohol Testing Policy.  
*(Someter a un examen de drogas y alcohol cuando sea solicitado por la empresa, como se indicó en la Empresa Política de pruebas de drogas y alcohol.)*
4. Demonstrating the skill and ability to perform the essential functions of the assigned job.  
*(Demostrar la habilidad y capacidad para desempeñar las funciones esenciales del trabajo asignado.)*
5. Available for over-time.  
*(Disponible por más tiempo.)*
6. Returning all Company issued items at the time of termination.  
*(Devolver todos los elementos publicados de la empresa en el momento de la rescisión.)*
7. Abiding by the rules and regulations of the Company.



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*( Acatar las normas y reglamentos de la compañía.)*

8. Available to work at the prevailing rate at the time, if assigned to another shift, department, or job.

*(Disponible para trabajar en el tipo vigente en el momento, si está asignado a otro cambio, departamento o trabajo.)*

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Date  
*(Fecha)*

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Signature  
*(Firma)*

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Social Security Number  
*(Numero de Seguro Social)*

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Printed Name  
*(Nombre en letra de molde)*

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Signature of Employer's Representative  
*(Firma del representante del empleador)*