



APPLICATION FOR EMPLOYMENT

LMG is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, disability, national origin, veteran status, or any other characteristic protected under the law.

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

PERSONAL INFORMATION

First Name	MI	Last Name	Preferred Name	Date of Application
------------	----	-----------	----------------	---------------------

If there is any name other than the one stated above that would identify you to a previous employer or educational institution, please list.

Present Address	City	State	Zip	How long?
-----------------	------	-------	-----	-----------

Phone #	Other Phone #	Email Address
---------	---------------	---------------

Previous Address	City	State	Zip	How long?
------------------	------	-------	-----	-----------

Referred by
 Ad Walk-in Website Relative Friend Agency Other Specifically:

EMPLOYMENT DESIRED

Position Applying For	Salary Requirements	Date Available
-----------------------	---------------------	----------------

Are you available to work (check all that apply)? <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Overtime <input type="checkbox"/> Temporary <input type="checkbox"/> On Call	Are there any hours, shifts, or days you cannot or will not work?
--	---

YES NO Have you ever filed an application with us before? If yes, please give date:
 YES NO Have you ever worked for LMG before? If yes, please give location and date:
 YES NO Are you eligible to work in the United States?
 YES NO Are you at least 18 years of age?
 YES NO Are you currently employed?
 YES NO Can you travel, if a job requires it?
 YES NO If applicable, are you willing to relocate?
 YES NO Are you able to perform the essential functions of the position sought either with or without a reasonable accommodation?
 YES NO Are any relatives or acquaintances currently employed with us? If yes, please list:
 YES NO Have you signed any non-competition or non-disclosure agreements for any prior employers?
 YES NO Have you ever been discharged or been asked to resign from a job?
 If so, please explain:
 YES NO Have you ever been convicted of, or pleaded no contest, to a felony or misdemeanor (excluding minor traffic violations)? If yes, please provide details (dates, location, etc.):

NOTE: A conviction record is not an automatic bar to employment. Each case is considered in relation to the position applied for.

MILITARY SERVICE

<input type="checkbox"/> YES <input type="checkbox"/> NO	Branch of Service	Rank	From	To
	Branch of Service	Rank	From	To

EDUCATION

INSTITUTION	CITY, STATE	COURSE OF STUDY	GRADUATE	DEGREE
High School/GED			<input type="checkbox"/> YES <input type="checkbox"/> NO	
College			<input type="checkbox"/> YES <input type="checkbox"/> NO	
Trade, Business, or Other School			<input type="checkbox"/> YES <input type="checkbox"/> NO	

SKILLS

Please list the computer software that you have experience with and your level of competency.

Please list your Audio/Visual/Lighting skills.

Please list your office equipment skills.

EMPLOYMENT HISTORY

WORK EXPERIENCE (MOST RECENT)

Name of Employer	Address, City, State, Zip	Dates Employed From: _____ To: _____
Phone #	Supervisor's Name and Title	Rate of Pay Start: _____ Finish: _____
Position	Description of Duties	
Reason for Leaving	May we contact this employer for verification? <input type="checkbox"/> YES <input type="checkbox"/> NO	

PREVIOUS EMPLOYER

Name of Employer	Address, City, State, Zip	Dates Employed From: _____ To: _____
Phone #	Supervisor's Name and Title	Rate of Pay Start: _____ Finish: _____
Position	Description of Duties	
Reason for Leaving	May we contact this employer for verification? <input type="checkbox"/> YES <input type="checkbox"/> NO	

NEXT PREVIOUS EMPLOYER

Name of Employer (Next Previous)	Address, City, State, Zip	Dates Employed From: _____ To: _____
Phone #	Supervisor's Name and Title	Rate of Pay Start: _____ Finish: _____
Position	Description of Duties	
Reason for Leaving	May we contact this employer for verification? <input type="checkbox"/> YES <input type="checkbox"/> NO	

NEXT PREVIOUS EMPLOYER

Name of Employer (Next Previous)	Address, City, State, Zip	Dates Employed From: _____ To: _____
Phone #	Supervisor's Name and Title	Rate of Pay Start: _____ Finish: _____
Position	Description of Duties	
Reason for Leaving	May we contact this employer for verification? <input type="checkbox"/> YES <input type="checkbox"/> NO	

INTERVALS OF UNEMPLOYMENT

From	To	Explanation
From	To	Explanation
From	To	Explanation

REFERENCES

Please provide the names of three persons not related to you, whom you have known at least one year.

Name	Address	Phone #	Relationship	Years Known

APPLICANT'S STATEMENT

1. I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application, or in any interview, is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the Company. Please note that all information is subject to verification.
2. I understand that a background check is a condition of employment. I authorize LMG and/or its agents to investigate thoroughly all statements contained in my application or resume, and to conduct a thorough investigation of my personal and professional experience and background, including without limitation, a review of my criminal, credit, employment, and all other records LMG Inc. deems appropriate under the circumstances, and I authorize former employers and references to disclose any and all information in their possession regarding me in connection with an application for or retention of employment to the Company and/or its agent. In addition, I release the Company and/or its agents, any former employers, and all references listed above, from any and all claims, demands, or liabilities arising out of or related to such investigation.
3. I understand and agree that nothing in this application, or conveyed during the pre-employment process, 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 prior notice, at the option of either the Company or myself. 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 by the Company President.
4. I understand and agree that if I receive a conditional employment offer for a position, I will be required to submit to a pre-employment drug test and based on the position that I am applying for, may be further required to submit to a medical examination before starting work. If employed, I also agree to submit to a medical examination and/or drug test at any time deemed appropriate by the Company and as permitted by applicable law. I consent to such examinations and/or tests, and I request that the examining doctor and/or laboratory disclose to the Company the results of the examination, which the Company will keep confidential. I understand that my employment or continued employment, to the extent permitted by applicable law, is contingent upon satisfactory medical examinations and/or drug test.
5. If I am offered employment, I understand that employment is contingent upon my complying with the employment verification requirements of the Immigration Reform and Control Act.
6. I understand that LMG Inc. does not lawfully discriminate in employment and no questions on this application are to be used for the purpose of limiting or excluding any applicant for consideration of employment on a basis prohibited by applicable local, state, or federal law.
7. I certify that I have read, or have had read to me, items 1, 2, 3, 4, 5, and 6 above. I understand the contents and hereby acknowledge receipt of this information.

APPLICATION IS NOT COMPLETE WITHOUT SIGNATURE

Signature of Applicant	Date

We appreciate your interest in our organization and the time you have taken to complete this application.
Equal Employment Opportunity / Drug-Free / Smoke-Free Workplace Employer



AFFIRMATIVE ACTION VOLUNTARY DISCLOSURE

****Please seal this form in an envelope and address it to Human Resources****

Completion of This Form is Voluntary

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard, or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

The confidential information requested below is necessary in order to comply with requirements regarding government recordkeeping, reporting, and other legal obligations which may apply. This information will be kept separate from other employment papers and will not be used in any way to make employment decisions. Your participation is **VOLUNTARY** and would be greatly appreciated. **If you choose to complete this form, please seal it in an envelope and return it to the reception desk for Human Resources.**

Name:	Phone:
-------	--------

Address:	City:	State:	Zip:
----------	-------	--------	------

Position Applied for:

<p>Gender:</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p>	<p>Ethnicity:</p> <p><input type="checkbox"/> White (not of Hispanic origin): all persons not classified into one of the four specific minority categories that follow; also includes by definition all persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.</p> <p><input type="checkbox"/> Black (not of Hispanic Origin): all persons having origins in any of the Black racial groups of Africa.</p> <p><input type="checkbox"/> Hispanic: all persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or group, regardless of race.</p> <p><input type="checkbox"/> Asian or Pacific Islander: all persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands; this area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.</p> <p><input type="checkbox"/> American Indian or Alaskan Native: all persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.</p>	<p>Referral Source:</p> <p><input type="checkbox"/> Newspaper, Magazine, Radio</p> <p><input type="checkbox"/> College Recruit</p> <p><input type="checkbox"/> State Employment Service</p> <p><input type="checkbox"/> Community Organization</p> <p><input type="checkbox"/> Personal Referral</p> <p><input type="checkbox"/> Employment Agency</p> <p>Please provide further details about your referral source (i.e., name of newspaper, college name, employee name, etc.).</p>
--	--	---

FOR HUMAN RESOURCES USE ONLY

Position(s) applied for:	Openings? <input type="checkbox"/> Current <input type="checkbox"/> None	Date
--------------------------	---	------

Other position(s) considered for:

Hired? <input type="checkbox"/> Yes <input type="checkbox"/> No	Hire Date	Position Hired For:
--	-----------	---------------------

Position Classification:

<input type="checkbox"/> Office & Clerical Workers	<input type="checkbox"/> Sales Workers	<input type="checkbox"/> Technicians
<input type="checkbox"/> Operatives (semi-skilled)	<input type="checkbox"/> Service Workers	<input type="checkbox"/> Laborers (unskilled)
<input type="checkbox"/> Craft Workers (skilled)	<input type="checkbox"/> Professionals	<input type="checkbox"/> Officials & Managers