



[www.littfintruss.com](http://www.littfintruss.com)

<b>OFFICE USE ONLY</b>	Applicant #:
Employee #:	Position:
Hire Date:	Shift:
Wage Grade:	Rate:

## APPLICATION FOR EMPLOYMENT

Littfin Truss Company is an equal opportunity employer and will not discriminate against any applicant for employment because of race, color, religion, gender, national origin, genetic characteristic, disability, age, or any other status protected under law for individuals within the jurisdiction of the applicable law. Applicants who require an accommodation throughout the application and interview process should request this in advance. Additional testing of job related skills may be required prior to employment. If you feel that you have been discriminated against during the application process, contact the Human Resources Department at (320) 485-3861 or (888) 878-7737.

<b>POSITION APPLIED FOR:</b> (MUST BE COMPLETED FOR APPLICATION TO BE CONSIDERED):				
Today's Date:		Last 4 digits of your social security #:		
Last Name:		First Name:		MI:
Home Address:		City:	State:	Zip:
Phone #:		Alternative phone #:		
Are you 18 Years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you ever been employed by Littfin before? <input type="checkbox"/> Yes <input type="checkbox"/> No				If Yes, Where ?
Reason for leaving?				
If hired, can you furnish proof that you are eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No				

EDUCATIONAL HISTORY			
NAME OF SCHOOL/LOCATION	DID YOU GRADUATE	DEGREE/DIPLOMA CERTIFICATE	MAJOR
High School	<input type="checkbox"/> Yes <input type="checkbox"/> No		
College	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Graduate	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Vocational Training	<input type="checkbox"/> Yes <input type="checkbox"/> No		
ADDITIONAL JOB RELATED SEMINARS, SHORT COURSES, WORKSHOPS, OR OTHER EDUCATIONAL EXPERIENCES:			

<b>WORK HISTORY:</b> INCLUDE ALL EMPLOYMENT FROM YOUR LAST <b>THREE</b> EMPLOYERS WITH START AND END DATES. IF YOU HAVE A GAP OF EMPLOYMENT, PLEASE EXPLAIN BELOW, INCLUDING DATES. FAILURE TO PROVIDE COMPLETE INFORMATION MAY RESULT IN REJECTION OF YOUR APPLICATION.	
<b>PRESENT EMPLOYER:</b>	
COMPANY NAME	JOB TITLE & DUTIES
ADDRESS	CITY, STATE, ZIP
SUPERVISOR'S NAME	TELEPHONE NUMBER
DATES WORKED FROM : TO:	REASON FOR LEAVING
MAY WE CONTACT YOUR PRESENT EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**FORMER EMPLOYERS: (LIST MOST RECENT FIRST)**

COMPANY NAME	JOB TITLE & DUTIES
ADDRESS	CITY, STATE, ZIP
SUPERVISOR'S NAME	TELEPHONE NUMBER
DATES WORKED FROM: TO:	REASON FOR LEAVING
COMPANY NAME	JOB TITLE & DUTIES
ADDRESS	CITY, STATE, ZIP
SUPERVISOR'S NAME	TELEPHONE NUMBER
DATES WORKED FROM: TO:	REASON FOR LEAVING
COMPANY NAME	JOB TITLE & DUTIES
ADDRESS	CITY, STATE, ZIP
SUPERVISOR'S NAME	TELEPHONE NUMBER
DATES WORKED FROM : TO:	REASON FOR LEAVING:
SPECIAL SKILLS AND QUALIFICATIONS:	
ADDITIONAL INFORMATION YOU WANT US TO CONSIDER IN EVALUATING YOUR QUALIFICATIONS:	
EXPLAIN ANY GAPS OF EMPLOYMENT HERE:	

**HOW DID YOU HEAR ABOUT LITTFIN TRUSS COMPANY?**

<input type="checkbox"/> ADVERTISEMENT	<input type="checkbox"/> INTERNET SITE (PLEASE VERIFY SITE)
<input type="checkbox"/> JOB FAIR/RECRUITING EVENT (PLEASE IDENTIFY WHICH/WHERE:	<input type="checkbox"/> REFERRAL (PLEASE IDENTIFY WHO REFERRED YOU:
<input type="checkbox"/> OTHER	

**REFERENCES:** LIST **TWO** CURRENT OR PAST INDIVIDUALS WHO HAVE SUPERVISED/MANAGED YOU. AN HR MANAGER WILL ALSO BE ACCEPTABLE. YOU MAY LIST ONE PERSONAL REFERENCE. **DO NOT INCLUDE RELATIVES.**

NAME	COMPANY	TITLE/RELATIONSHIP	TELEPHONE NUMBER

**AGREEMENT – PLEASE READ CAREFULLY ENTIRE STATEMENT BELOW AND SIGN**

I certify that the facts set forth in this application are true and complete, to the best of my knowledge. I acknowledge that Littfin Truss Co. and/or any of its divisions or affiliated entities (hereafter referred to as “THE COMPANY”) may rely on my representations in this application in making its hiring decision. I understand that any false statement or omission of information submitted on this application may result in my not being hired or if discovered later, my immediate discharge.

I authorize investigation of all statements contained herein and authorized the references and previous employers listed above to give THE COMPANY any and all information requested concerning my previous employment and any pertinent information they may have, personal or otherwise. I understand that the results of such an investigation may be used to determine whether I will be hired. I hereby release said references, investigators, previous employers and THE COMPANY from all liability for any damage that may result from furnishing or receiving this information.

I further agree that, if employed, I will conform my conduct to THE COMPANY rules and understand that my employment is “at will” and can be terminated with or without cause, and with or without notice, at any time, at my option or the option of THE COMPANY where applicable. I also understand that this application and any employment manuals or handbooks that may be distributed to me during my employment shall not be regarded as a contract.

In the event of termination of my employment, whether voluntary or involuntary, I authorize THE COMPANY, in its sole discretion, to supply my name, address, and phone number to other divisions, companies, services, or agencies which may have employment opportunities.

EMPLOYEE SIGNATURE:

DATE:

Littfin Truss Co. 555 Baker Ave. West P.O. Box 666 Winsted, MN 55395 Phone: 320-485-3861