



3000 Lakeview Avenue – St. Joseph, MI 49085
www.leco.com

Routing / Positions considered:

For Office use only:

Walk-in
Advertisement
Friend
Referral through or by:

In Compliance with federal, state and local equal opportunity laws, applicants are considered for positions without regard to race, color, religion, sex, national origin, age, height, weight, marital status or qualifying disability which, if needing accommodation, can be reasonably accommodated as required by law.
This application, if properly filled out and signed, is active for sixty (60) days and will be given every consideration. Its receipt does not imply that the applicant will be hired by LECO Corporation.

Answer Every Question - Please Print - Failure To Answer Any Question Invalidates The Entire Application

Today's Date: _____ Have you previously applied for employment at LECO? ()Yes ()No If "Yes," when? _____
Have you ever been previously employed by LECO? ()Yes ()No If "Yes," when? _____

Name: _____

Address: _____ How Long? _____ Home Telephone: _____ - _____ - _____

City: _____ State: _____ Zip: _____ Business Phone: _____ - _____ - _____

Are you, as an applicant, willing to submit to a drug and alcohol screen? ()Yes ()No
Are you authorized (a citizen or has the proper permit) to work in the United States? ()Yes ()No
Are you 18 years of age or older? ()Yes ()No
Are you known to school or references by another name? If "Yes," by what name(s) (Last, First, M) ()Yes ()No

List the positions you are applying for or the type of position preferred.
You must specify position(s). Do not write "Anything" available or we will not accept your application.

Current verifiable hourly wage: \$ _____

Salary/Wage requirements: \$ _____
(A response answering this question is required. Do not Write "Negotiable")

Can you perform the essential functions of the position for which you are applying, as described on the provided description, with or without accommodation? ()Yes ()No

Date available for work: _____ Are you available to work: () Full-Time Are you willing to work: () First Shift () Preferred
Are you on layoff? () Yes () No () Part-Time () Second Shift () Preferred
If "Yes," are you subject to recall? () Yes () No () Temporary () Third Shift () Preferred

Do you have any commitments with another employer that may affect your employment with LECO Corporation? ()Yes ()No

Examples would include: Employment Contract, Non-Compete Agreement, Confidentiality Agreement

If "Yes," briefly explain.

Have you ever been denied a security clearance or had one recinded? ()Yes ()No

Have you ever been convicted of any crime (including a "no contest" or "guilty" plea)? ()Yes ()No

Are there any current felony charges pending against you? ()Yes ()No

If "Yes" to either explain each instance.

Do you have any friends or relatives who work for LECO? If "Yes," list names.

EDUCATIONAL DATA

<u>Type of school</u>	<u>School Name & Location</u>	<u>Majors & Minors</u>	<u>Graduate</u>
Elementary	_____	_____	() Yes () No - _____
High School	_____	_____	() Yes () No - () Diploma _____ () GED _____
Business, Trade or Vocational Programs	_____	_____	() Yes () No - _____
College	_____	_____	() Yes () No - _____
Graduate School	_____	_____	() Yes () No - _____
Graduate School	_____	_____	() Yes () No - _____

GPA – Major Area _____	Percent of School expenses earned: _____%. How were your expenses earned?
GPA – Overall _____	
GPA – Masters _____	

Activities – Indicate any scholastic honors, honorary fraternities, achievements or scholarships. Include participation in professional, business trade organizations or other extracurricular activities & offices held.

Are you presently or do you plan to further your education? () Yes () No If “Yes,” when and in what field?

APPRENTICESHIP

Name of Company: _____ Address: _____ Phone #: _____

Craft Learned: _____ Date Started: _____

Did you complete the apprenticeship? () Yes () No If “Yes,” Date Completed: _____

Please check mark the following courses that you have completed or skills you have acquired.

() Statistical Process Control	() Algebra	() Mechanical Drawing	() Assembly	() Lathe/CNC
() ISO 9000 Training	() Trigonometry	() Blue Print Reading	() Auto Mechanics	() Machine Tool
() Quality/Inspection	() Calculus	() Electronics	() Maintenance	() Machine Shop
() Measuring Instruments	() Physics	() Chemistry	() Fork Lift	() Metal Shop

List other skills _____

List craft tools you own: _____

OFFICE TRAINING

What Computer skills do you possess?

() Windows () Excel () Proficient () Good () Familiar
() Access () Proficient () Good () Familiar
() Word () Proficient () Good () Familiar

At what speed do you type straight copy? _____ WPM

What other programs are you familiar with and at what level of expertise?

ADDITIONAL SKILLS

Please state other skills that may be helpful to us in considering your application for employment at LECO. (Examples include – personal computer abilities and related programs that you can operate, foreign language skills, specialized training such as C.P.R., training or experience as a fire fighter, police officer, paramedic or other similar paying or voluntary organizations.)

MILITARY SERVICE Have you served in the U.S. armed forces? () Yes () No – If “No,” then please move to the next section.

Branch of Service? _____ Date active service started? _____

Nature of Training, etc.? _____ Where did you serve? _____

What were your duties? _____ Date of discharge? _____

Rank at time of Discharge? _____ Present reserve status? _____

EMPLOYMENT RECORD

Current or Last Employer: _____ May we contact? () Yes () No

Address of Employer: _____ Phone: _____ - _____ - _____

Supervisor's Name & Title: _____

Your Job Duties & Responsibilities: _____

Employment Dates: From (MO/DAY/YEAR): _____ To (MO/DAY/YEAR): _____

Starting Wage/Salary: \$ _____ Ending Wage/Salary: \$ _____

Reason(s) for Leaving: _____

Next Previous Employer: _____

Address of Employer: _____ Phone: _____ - _____ - _____

Supervisor's Name & Title: _____

Your Job Duties & Responsibilities: _____

Employment Dates: From (MO/DAY/YEAR): _____ To (MO/DAY/YEAR): _____

Starting Wage/Salary: \$ _____ Ending Wage/Salary: \$ _____

Reason(s) for Leaving: _____

Next Previous Employer: _____

Address of Employer: _____ Phone: _____ - _____ - _____

Supervisor's Name & Title: _____

Your Job Duties & Responsibilities: _____

Employment Dates: From (MO/DAY/YEAR): _____ To (MO/DAY/YEAR): _____

Starting Wage/Salary: \$ _____ Ending Wage/Salary: \$ _____

Reason(s) for Leaving: _____

Next Previous Employer: _____

Address of Employer: _____ Phone: _____ - _____ - _____

Supervisor's Name & Title: _____

Your Job Duties & Responsibilities: _____

Employment Dates: From (MO/DAY/YEAR): _____ To (MO/DAY/YEAR): _____

Starting Wage/Salary: \$ _____ Ending Wage/Salary: \$ _____

Reason(s) for Leaving: _____

Indicate All Other Employment Not Listed Above:

	Name of Employer	Position/Job	From	To
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____
4)	_____	_____	_____	_____

List references (not relatives) who have personal knowledge of your training, experience and compatibility.

	Name	Position Company/University	Address	Phone #
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____
4)	_____	_____	_____	_____
5)	_____	_____	_____	_____

NOTICE TO ALL APPLICANTS
AGREEMENT - PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING.
LIMITATION OF CLAIMS PROVISION

I agree that any lawsuit against LECO and/or its agents arising out of my application for employment, employment or termination of employment, including but not limited to claims arising under state or federal civil rights statutes, must be brought within the following time limits or be forever barred: (1) for lawsuits requiring a Notice of Right to Sue from the EEOC, within ninety (90) days after the EEOC issues that Notice; or (2) for all other lawsuits, within (a) one hundred eighty (180) days of the event(s) giving rise to the claim, or (b) the time limit specified by statute, whichever is shorter. I waive any statute of limitations that exceeds this time limit. Any lawsuit must be filed in Berrien County (if state court) or the Western District of Michigan (if federal court).

AUTHORIZATION TO WORK IN THE UNITED STATES REQUIREMENT

If I am selected for hire, I will be offered employment provided I verify I am authorized to work as requested by the Immigration Information and Control Act of 1986.

NEED FOR ACCOMMODATION

LECO Corporation actively encourages applications by qualified individuals with disabilities and does not discriminate in its consideration of such applicants. If you believe that any accommodation of a disability will be necessary to permit you to perform the duties of the position, Michigan law requires that you notify LECO Corporation within 182 days after you knew or should have known that the accommodation was needed. Federal law also places the burden on you to notify us of any desired accommodation within a reasonable time period. If you desire an accommodation then you should make the request in writing to the Human Resources Department as soon as possible after the date you know that the accommodation is needed.

APPLICANT'S CERTIFICATION, RELEASE AND AGREEMENT

POLICY OF EMPLOYMENT

If I am hired, in consideration of my employment, I agree to abide by the rules and policies of LECO Corporation, including any change made from time to time, and agree my employment and compensation can be terminated with or without cause, with or without notice, at any time, at the option of either LECO Corporation or myself. I understand that no manager or representative of LECO other than the president has any authority to enter into any agreement for employment for any specific or indefinite period of time, or make any agreement contrary to the foregoing. Any such agreement made by the president must be in writing to be effective.

CERTIFICATION OF TRUTHFULNESS

I hereby certify and affirm that the information provided on this application (and accompanying resume, if any) is true, complete and without evasion. I also understand and agree that statements made by me may be investigated and if found to be false, will be sufficient reason to disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

CONFIDENTIALITY OF COMPANY INFORMATION

If employed by LECO and as a consideration for such employment, I agree that during and after such employment, I will not divulge or appropriate to my own use or to the use of others, except as LECO shall authorize or direct, any secret or confidential information or knowledge obtained by me during such employment. Further, I agree to sign and adhere to a Confidentiality and Non-Competition Agreement.

AGREEMENT TO SUBMIT TO PSYCHOLOGICAL AND/OR PHYSICAL EXAMINATION AND TESTING UPON AN OFFER FOR EMPLOYMENT

After being offered employment and all other contingencies have been satisfied, I agree to submit to any psychological or physical testing. I understand that LECO requires all new employees to submit to examination by a medical doctor of LECO's choosing and I, the applicant, by signing this form have agreed to such examination if offered employment by LECO. LECO will pay the cost of such medical examination.

CONSENT TO PERFORM MEDICAL TESTS TO DETERMINE THE PRESENCE OF ALCOHOL, DRUGS OR CONTROLLED SUBSTANCES

I hereby give my consent for LECO, through an authorized testing service of its choice, to collect blood, urine, hair or saliva samples, or other fluid or tissue samples from me and to conduct any other necessary medical tests to determine the presence of alcohol, drugs or controlled substances, and I hereby release LECO from any liability arising out of such tests or its results. Further, I give my consent for the release of the test results and other relevant medical information to authorized LECO management for appropriate review. I understand that remaining free of illegal drug use is a condition of my employment and that the results of this testing may affect my employment with the company. I understand further that a refusal to submit to alcohol and/or drug screening will result in disciplinary action up to and including immediate discharge.

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION FROM HEALTHCARE PROVIDERS

I authorize every medical doctor, physician, or other healthcare provider to provide any and all information, including but not limited to, all medical reports, x-rays, or clinical abstracts relating to my previous health history or employment in connection with any examination, consultation, test or evaluation. I hereby release every medical doctor, physician, or healthcare personnel, and every other person, firm, officer, corporation, association, organization or institute which shall comply with the authorization or request made in this respect from any and all liability. I understand that this release will not be sent to my physician or healthcare provider until a job offer has been made.

AUTHORIZATION TO INVESTIGATE DRIVING RECORD

If applying for a position that requires driving a company vehicle, I authorize LECO and its agents to make investigations and inquiries of my driving record.

AUTHORIZATION OF CRIMINAL CONVICTION INFORMATION

I agree to execute an authorization for LECO to secure my criminal conviction history from the appropriate law enforcement agency, should LECO determine it necessary to do so.

AUTHORIZATION AND RELEASE FOR EMPLOYMENT/EDUCATIONAL INFORMATION

I authorize the references listed in this Application for Employment and any prior employer, educational institution, or any other persons or organizations to give this Company any and all information concerning my previous employment/educational accomplishments, disciplinary information, or any other pertinent information they may have. I release all parties from all liability for any damage that may result from furnishing that information to this Company. In addition, I hereby waive written notice that employment information is being provided by any person or organization.

I hereby acknowledge that I have read, understand, agree to and will abide by the above statements.

SIGNATURE OF APPLICANT

DATE