

**The L.C. Whitford Company, Inc.**  
**L.C. Whitford Material Company, Inc.**  
**L.C. Whitford Equipment Company, Inc.**  
 164 North Main Street, Wellsville, New York 14895  
 (585) 593-3601



**ESTABLISHED 1916**

**EMPLOYMENT APPLICATION**

L.C. Whitford Company, Inc. is an Equal Opportunity Employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap or veteran status.

NAME (Last, First, Middle)			SOCIAL SECURITY #	HOME TELEPHONE ( )	TODAY'S DATE
ADDRESS (Street, City, State, Zip)			ALTERNATE TELEPHONE ( )		E-MAIL ADDRESS
Are you legally eligible for employment in the United States ___ Yes ___ No		During the last 10 years have you ever been convicted of a crime other than a traffic offense: ___ Yes ___ No If yes, explain: <small>A conviction will not automatically disqualify you from employment. Such things as nature, seriousness, and rehabilitation will be considered</small>			Are you over 18 years old: ___ YES ___ NO
WHAT POSITION ARE YOU APPLYING FOR?		DATE AVAILABLE FOR WORK	MINIMUM RATE PER HOUR REQUESTED?		
HOW DID YOU HEAR OF US?	WHICH DAYS ARE YOU AVAILABLE TO WORK? M T W TH F SAT SUN		Have you ever been employed by LC Whitford in the past? If yes, what years?		

**WORK SKILLS – Check your skills and kind of work you have done.**

GENERAL	MAINTENANCE	EQUIPMENT	SUPPLIES AVAILABLE	OFFICE SKILLS	SOFTWARE EXPERIENCE
___ Carpenter    ___ Construction	___ Building Repair	___ Truck	___ Hard Hat	___ Bookkeeping	___ Word    ___ Excel
___ Electrician    ___ Painter	___ Cleaning	___ Backhoe	___ Tools	___ Accts Payable	___ Quickbooks    ___ Windows
___ Plumber    ___ Inventory	___ Floor Care	___ Tractor	___ Glasses	___ Accts Receivable	___ Access    ___ Publisher
___ HVAC    ___ Mover	___ Landscaping	___ Forklift	___ Steel Toe Work Boots	___ Payroll	___ Lotus    ___ Word Perfect
___ Welder    ___ Solderer	___ Lawn Care	___ Crane	Drivers License?	___ Receptionist	<b>Other Software and or Hardware:</b>
___ Road Const.    ___ Digger/Raker	___ Hotel Cleaning	___ Drill	___ Yes ___ No	___ # Incoming Lines	_____
___ Demolition    ___ Casual Labor	___ Janitorial	___ Saw	License Number	___ Administrative Skills	_____
___ Supervisor	_____	___ Nail Gun	_____	___ Computer/IT Skills	_____
___ Mechanic	_____	___ Jack Hammer	_____	<b>BUSINESS MACHINES</b>	<b>OTHER SKILLS – Please list:</b>
___ Validator	_____	_____	___ CDL	___ Adding Machines	_____
			___ Class A	___ 10 Key	_____
			___ Class B	___ Fax	_____
				___ Postage Meters	_____

PREVIOUS EMPLOYMENT— List last employer first, including U.S. Military Service.

FROM	TO	NAME OF EMPLOYER	ADDRESS	PHONE	POSITION	SALARY	SUPERVISOR	REASON FOR LEAVING
				( )				
				( )				
				( )				
				( )				

May we contact your current employer? Yes  No  If you were employed under a different name, indicate name: \_\_\_\_\_  
 May we contact your previous employers? Yes  No

EDUCATION	NAME OF SCHOOL	FIELD OF STUDY	DEGREE/DIPLOMA	DID YOU GRADUATE?
High School				
College				
Business or Other				

REFERENCES List three work related references. (**NOT** relatives or friends)

NAME	ADDRESS	PHONE	COMPANY	TITLE
1		( )		
2		( )		
3		( )		

**I understand that employment by The L.C. Whitford Company is at will, meaning that either I or The L.C. Whitford Company can terminate the employment relationship at any time for any lawful reason with or without notice.** I acknowledge that any false, incomplete, or misleading information I provide on this application, in a resume, or in a pre-employment interview will be grounds to deny my application, if discovered later, for immediate dismissal from employment. I hereby authorize you and all former employers, and others given by me as reference, to answer and to give all information in connection with this application or in any way concerning me. I agree, if employed by The L.C. Whitford Company, that if ever I make claims against The L.C. Whitford Company for personal injuries, upon The L.C. Whitford Company request, I shall submit to drug screens and examinations by physicians of The L.C. Whitford Company selection. The L.C. Whitford Company's employment of me may be terminated at any time without any liability to me except for wages and salary as have been earned by me at the date of such termination. I understand that it is my responsibility to notify The L.C. Whitford Company of my availability on a monthly basis, at a minimum, and if I do not, I will be considered unavailable for work.

Signature \_\_\_\_\_ Date \_\_\_\_\_