

**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



**CLERICAL 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.

**Applications may be returned by:**  
 E-Mail: lcwco@lcwhitford.com  
 Fax: (585) 593-1876  
 Mail: 164 N. Main St., Wellsville, NY 14895

		TODAY'S DATE
NAME (Last, First, Middle)		ALTERNATE TELEPHONE ( )
HOME TELEPHONE ( )		E-MAIL ADDRESS
ADDRESS (Street, City, State, Zip)		
Are you legally eligible for employment in the United States <input type="checkbox"/> Yes <input type="checkbox"/> 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.**

<p><b>OFFICE SKILLS</b></p> <p><input type="checkbox"/> Bookkeeping</p> <p><input type="checkbox"/> Accts Payable</p> <p><input type="checkbox"/> Accts Receivable</p> <p><input type="checkbox"/> Payroll</p> <p><input type="checkbox"/> Receptionist</p> <p><input type="checkbox"/> # Incoming Lines</p> <p><input type="checkbox"/> Administrative Skills</p> <p><input type="checkbox"/> Computer/IT Skills</p> <p>_____</p> <p>_____</p>	<p><b>BUSINESS MACHINES</b></p> <p><input type="checkbox"/> Adding Machines</p> <p style="padding-left: 20px;"><input type="checkbox"/> 10 Key</p> <p><input type="checkbox"/> Fax</p> <p><input type="checkbox"/> Postage Meters</p>	<p><b>SOFTWARE EXPERIENCE</b></p> <p><input type="checkbox"/> Word <input type="checkbox"/> Excel</p> <p><input type="checkbox"/> Quickbooks <input type="checkbox"/> Windows</p> <p><input type="checkbox"/> Access <input type="checkbox"/> Publisher</p> <p><input type="checkbox"/> Lotus <input type="checkbox"/> Word Perfect</p> <p><b>Other Software and or Hardware:</b></p> <p>_____</p> <p>_____</p>	<p><b>OTHER SKILLS – Please list:</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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PREVIOUS EMPLOYMENT— List last employer first, including U.S. Military Service.

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

May we contact your current employer?      Yes                      No  
 May we contact your previous employers?    Yes                      No

If you were employed under a different name, indicate name: \_\_\_\_\_

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 \_\_\_\_\_