

APPLICATION FOR EMPLOYMENT

THE LIGHTING SHOWROOM CORP
172 ROUTE 101
BEDFORD NH 03110

FIRST NAME MIDDLE LAST

SOCIAL SECURITY NUMBER:

PRESENT ADDRESS IN FULL CITY STATE ZIP TELEPHONE

PERMANENT ADDRESS (IF DIFFERENT) CITY STATE ZIP TELEPHONE

DO YOU HAVE A VALID DRIVERS LICENSE? ☐ Yes ☐ No

HAVE YOU EVER BEEN CONVICTED OF OR SENTENCED FOR ANY VIOLATION OF THE LAW? ☐ Yes ☐ No
IF YES, GIVE FULL PARTICULARS.
(THE EXISTENCE OF A CRIMINAL RECORD DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT):

POSITION INFORMATION

POSITION APPLYING FOR:

ARE YOU CERTIFIED WITH THE AMERICAN LIGHTING ASSOCIATION? ☐ YES ☐ NO

DO YOU HAVE ANY TECHNICAL LIGHTING EXPERIENCE? ☐ YES ☐ NO
(IE, ...SUCH AS PUTTING TOGETHER LOW VOLTAGE RAIL SYSTEMS, FAMILIAR WITH LIGHTING MANUFACTURER LINES AND PRODUCTS), LED AND LINEAR UNDERCABINET LIGHTING SYSTEMS? IF YES, PLEASE EXPLAIN:

HAVE YOU TAKEN ANY COURSES OR PROGRAMS IN DESIGN:
IF YES, PLEASE EXPLAIN:

HOW MANY YEAR OF SALES EXPERIENCE DO YOU HAVE? _____

SALARY DESIRED? DATE YOU CAN START:

ARE YOU WILLING TO WORK SATURDAYS? ☐ Yes ☐ No

ARE YOU CURRENTLY EMPLOYED?

IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?

DO YOU HAVE ANY PHYSICAL LIMITATION THAT WOULD PREVENT YOU FROM LIFTING HEAVY FIXTURES, BOXES, OR CLIMBING LADDERS ETC? ☐ YES ☐ NO

IF YES, PLEASE EXPLAIN:

EMPLOYMENT HISTORY

STARTING WITH YOUR PRESENT OR MOST RECENT EMPLOYER, LIST IN CONSECUTIVE ORDER ALL EMPLOYMENT. EMPLOYMENT MAY BE LISTED ON SEPARATE PAGE(S).

PLEASE PROVIDE ALL RELEVANT INFORMATION INCLUDING SALARY RANGE.

PRESENT OR MOST RECENT EMPLOYER

FULL NAME OF COMPANY	TELEPHONE	SALARY - BEGIN/END	EMPLOYED - FROM/TO
STREET ADDRESS	CITY	STATE	ZIP CODE
NAME & TITLE OF SUPERVISOR			
TITLE OF YOUR POSITION	DEPARTMENT		
DUTIES			
REASON FOR LEAVING			

PREVIOUS EMPLOYER

FULL NAME OF COMPANY	TELEPHONE	SALARY - BEGIN/END	EMPLOYED - FROM/TO
STREET ADDRESS	CITY	STATE	ZIP CODE
NAME & TITLE OF SUPERVISOR			
TITLE OF YOUR POSITION	DEPARTMENT		
DUTIES			
REASON FOR LEAVING			

PREVIOUS EMPLOYER

FULL NAME OF COMPANY	TELEPHONE	SALARY - BEGIN/END	EMPLOYED - FROM/TO
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STREET ADDRESS

CITY

STATE

ZIP CODE

NAME & TITLE OF SUPERVISOR

TITLE OF YOUR POSITION

DEPARTMENT

DUTIES

REASON FOR LEAVING

HAVE YOU EVER BEEN SUSPENDED, PLACED ON PROBATION, ASKED TO RESIGN, DISCHARGED. OR
TERMINATED? _____ Yes _____ No

IF YES, PLEASE EXPLAIN:

BUSINESS REFERENCES

PLEASE FILL OUT INFORMATION REQUESTED

NAME, ADDRESS, PHONE, OF 3 **BUSINESS** RELATIONSHIP AND YEARS KNOWN:

1.

2.

3.

EDUCATION

(IF LISTED ON RESUME YOU DO NOT NEED TO FILL OUT)

LAST HIGH SCHOOL ATTENDED/complete address

ATTENDED FROM _____/_____/_____ TO _____/_____/_____

GRADUATED? _____ Yes _____ No

COLLEGE OR UNIVERSITY/complete address

ATTENDED FROM _____/_____/_____ TO _____/_____/_____

GRADUATED? _____ Yes _____ No

MAJOR _____ DEGREE RECEIVED _____

OTHER (Technical, Vocation, Graduate, etc. complete address)

ATTENDED FROM _____/_____/_____ TO _____/_____/_____ GRADUATED? ☐ Yes ☐ No

MAJOR _____ DEGREE RECEIVED _____

LIST ANY SCHOLARSHIPS, ACADEMIC HONORS, AWARDS OR SPECIAL ACHIEVEMENT

SKILLS

LIST ANY OTHER SKILLS YOU THINK MAY BE OF VALUE TO THE COMPANY:

APPLICANT'S CERTIFICATION AND AGREEMENT

I HEREBY CERTIFY that my answers to the foregoing questions are true and complete and that I have not knowingly withheld any facts, circumstances or other information would, if disclosed, affect my application. I further understand that any false or misleading statement or omission of pertinent information will result in the rejection of my application, or in dismissal subsequent to my employment.

Signature

Date

Thank you for completing this application. It will remain under consideration for three months. It will not be necessary for you to reapply during this six month period.

AN EQUAL OPPORTUNITY EMPLOYER

It is the policy of The Lighting Showroom to provide employment opportunities without regard to race, color, religion, sex, national origin, age, handicap, or veteran status.