



LEMME ENGINEERING, INC. APPLICATION FORM:
EMAIL TO: MARCUS@LEMME-ENG.COM
FAX TO : 602-841-6351

DATE: _____ NAME: _____ PH: _____

POSITION DESIRED: _____

CURRENT OR PREVIOUS PAY RATE: _____

LAST SCHOOL FROM WHICH YOU GRADUATED: _____

LAST COMPANY YOU WORKED FOR: _____

PHONE NUMBER _____ NAME OF YOUR SUPERVISOR _____

MAY WE CONTACT THEM? _____

STATE WHY YOU FEEL QUALIFIED FOR THIS POSITION:

HOW MANY YEARS EXPERIENCE DO YOU HAVE? _____

WHAT ARE YOUR PERSONAL GOALS FOR THE NEXT FIVE YEARS?

LIST TWO REFERENCES THAT KNOW YOUR ABILITY FOR THIS POSITION:

NAME _____	NAME _____
PHONE: _____	PHONE: _____
COMPANY NAME: _____	COMPANY NAME: _____

DO YOU HAVE YOUR OWN TRANSPORTATION TO GET TO WORK? _____

CURRENT ADDRESS:

STREET: _____ APT.# _____

CITY: _____ ZIPCODE _____

SECOND PHONE # _____

I CERTIFY THAT THE ABOVE IS TRUE AND CORRECT AND I AUTHORIZE LEMME ENGINEERING TO CONTACT MY REFERENCES LISTED ABOVE.

SIGNATURE: _____ PRINTED NAME: _____