



Rock Energy Systems LLC

Also known as Lanair Products LLC
4109 Capital Circle, Janesville WI 53546

Phone: (608) 752-1601

Fax: (608) 757-7878

Employment Application

Applicant Information

Full Name:				Date:			
<i>Last</i>		<i>First</i>		<i>M.I.</i>			
Address:							
<i>STREET ADDRESS</i>				<i>APARTMENT/UNIT #</i>			
<i>City</i>		<i>State</i>		<i>ZIP Code</i>			
Phone:	()	E-mail Address:					
Date Available:		Social Security No.:		Desired Salary:		\$	
Position Applied for:							
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?			
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?			
If yes, explain:							

Required License(s)

If required to drive a motor vehicle for the job applying for, state your:

Drivers license number	State issued	Expiration Date

Training Courses

List any relevant training programs completed:

Course/Seminar	Organization Sponsoring	Content	Date(s) Attended

Education

High School:			Address:				
From:		To:		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:
College:			Address:				
From:		To:		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:
Other:			Address:				
From:		To:		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:

References*Please list three professional references.*

Full Name:		Relationship:	
Company:		Phone:	()
Address:			

Full Name:		Relationship:	
Company:		Phone:	()
Address:			

Full Name:		Relationship:	
Company:		Phone:	()
Address:			

Previous Employment

Company:		Phone:	()
Address:		Supervisor:	
Job Title:		Starting Salary: \$	Ending Salary: \$
Responsibilities:			
From:		To:	
Reason for Leaving:			
May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

Company:		Phone:	()
Address:		Supervisor:	
Job Title:		Starting Salary: \$	Ending Salary: \$
Responsibilities:			
From:		To:	
Reason for Leaving:			
May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

Company:		Phone:	()
Address:		Supervisor:	
Job Title:		Starting Salary: \$	Ending Salary: \$
Responsibilities:			
From:		To:	
Reason for Leaving:			
May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

Military Service

Branch:		From:		To:	
Rank at Discharge:		Type of Discharge:			
If other than honorable, explain:					

Special Skills

1. If relevant, please describe word processing speed, software knowledge, and office equipment experience.

2. If relevant, please experience using manufacturing machines and equipment.

Disclaimer and Signature

Please Read Carefully Before Signing This Form

- 1. All information contained in this application is true and correct to the best of my knowledge and belief. I understand that misrepresentations or omissions of any kind may result in denial of employment or be cause for subsequent dismissal if I am hired.*
- 2. I authorize the company to investigate my responses on this application and contact any or all of my former employers or any individuals familiar with me or my employment background for the purpose of verifying any information I have provided and / or for the purpose of obtaining any information, whether favorable or unfavorable, about me or my employment. I voluntarily and knowingly fully release and hold harmless any person or organization that provides information pertaining to my employment or myself.*
- 3. I understand that upon receiving a job offer, a physical examination and drug screening may be required. (Note: If this is a job requirement, you will be notified.)*
- 4. Regardless of whether or not I become employed by the company, I recognize that this application is not and should not be considered a contract of employment. I understand that employment at the company is on an at-will basis and that my employment may be terminated with or without cause, and without notice, at any time, at my option or the company's, unless specifically provided otherwise in a written employment contract. I further understand that no company employee or representative has the authority to enter into a contract regarding duration or terms and conditions of employment other than an officer or official of the company, and then only by means of a signed, written document.*

Signature: _____ Date: _____

Pre-Employment / Post Offer Physical Authorization

I understand my employment with **Rock Energy Systems** is conditional upon my passing a physical examination, which includes a drug screen, as a condition of employment. I further understand that failure to pass the physical or the drug screen will be grounds for rejection of my application for employment or for my termination if already employed prior to the date of the physical examination.

Signature: _____ Date: _____

Thank you for your interest in our company