

Ed Tucker Distributor, Inc.



A Subsidiary of

Lacy Diversified Industries, Ltd.



Application for Employment

PRE-EMPLOYMENT DRUG TESTING MAY BE REQUIRED

Your application will be active for 30 days. Your application will be considered for vacancies occurring during the 30-day period. If you wish to be considered for later employment, you must re-apply.

GENERAL	Name (First, Middle, Last)		Social Security Number	Current Date (Mo/Day/Year) / /	
	Street Address		City, State, Zip Code		
	Telephone (Including Area Code)		Home	Business	
	Mobile		Pager		E-Mail Address
	Are you at least 18 years of age?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Other names by which you have been known
	Are you legally entitled to work in the U.S.?		<input type="checkbox"/> Yes <input type="checkbox"/> No		How were you referred to us?
	Proof of authorization to work in the U.S. will be required upon employment.				
	Have you ever been convicted of a felony?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	If yes, please explain.				
	Have you previously applied with Tucker Rocky?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, when and at what location?					
JOB DATA	For what position are you applying?		<input type="checkbox"/> Full Time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Summer <input type="checkbox"/> Internship		
	Location Desired		Date Available	Salary Desired	
	Are you willing to: Relocate <input type="checkbox"/> Yes <input type="checkbox"/> No Accept shift work <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Relatives now employed by Tucker Rocky (including in-laws). List name(s) and relationship.				
	Have you previously been employed by Tucker Rocky?		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when and at what location?		

LDI Ltd. and all of its constituent organizations are equal employment opportunity employers. Federal law prohibits employment discrimination against any individual because of individual's age, race, creed, color, sex, handicap, veteran's status, national origin or any other basis prohibited by state or local laws.

EDUCATION	Type of School	Name	City	State	Years/Hrs Completed	Major	Graduated Yes/No	Diploma/Degree Received	GPA
	High School								
	College and/or University								
	Graduate School								
	Other/Technical								

List foreign languages spoken, office machine proficiency, construction and non-office equipment skills, military training experience, certifications (i.e. CPA, Professional Engineer), and any other special skills you have and the number of years study or experience with each, if applicable.

SPECIAL SKILLS	Equipment, Skills and Certifications	Years	Equipment, Skills and Certifications	Years
			Keyboarding [] Yes [] No Strokes per minute Typing [] Yes [] No Words per minute	
	U.S. Military Service Branch	Years	Equipment, Skills and Certifications	

BUSINESS REFERENCES: (List three names of persons willing to provide professional references.)

Name	Occupation	Phone Number	Business Relationship	Length of Association

MAY WE CONTACT YOUR PRESENT EMPLOYER?

[] YES [] NO

List most recent employer first.

EMPLOYMENT	DATE EMPLOYED				Company Name	Type of Business/Work Performed		
	FROM		TO					
	MONTH	YEAR	MONTH	YEAR	Street Address, City, State, Zip Code			
	RATE OF PAY				Job Title			
	STARTING		FINAL					
	AVERAGE HOURS WORKED PER WEEK				Supervisor Name and Title		Reason for Leaving	
	Telephone (Including Area Code)							
	DATE EMPLOYED				Company Name			Type of Business/Work Performed
	FROM		TO					
	MONTH	YEAR	MONTH	YEAR	Street Address, City, State, Zip Code			
RATE OF PAY				Job Title				
STARTING		FINAL						
AVERAGE HOURS WORKED PER WEEK				Supervisor Name and Title	Reason for Leaving			
Telephone (Including Area Code)								
DATE EMPLOYED				Company Name		Type of Business/Work Performed		
FROM		TO						
MONTH	YEAR	MONTH	YEAR	Street Address, City, State, Zip Code				
RATE OF PAY				Job Title				
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FROM		TO						
MONTH	YEAR	MONTH	YEAR	Street Address, City, State, Zip Code				
RATE OF PAY				Job Title				
STARTING		FINAL						
AVERAGE HOURS WORKED PER WEEK				Supervisor Name and Title	Reason for Leaving			
Telephone (Including Area Code)								

AUTHORIZATION AGREEMENT

I certify that the information contained in this application is true, complete and correct to the best of my knowledge and belief and is in good faith. I understand that, if employed, falsified statements, misrepresentations, or omissions of information may result in immediate discharge whenever it is discovered.

I authorize investigation of all information contained herein and authorize all employers, educational institutions, consumer reporting agencies and other persons or entities having information about me to provide such information to Tucker Rocky or other entities that obtain information for Tucker Rocky. I further fully release Tucker Rocky, its employees, officers, directors, agents, successors and assigns, and all other parties involved in the investigation, from any claim or action for any liability whatsoever related to the process or results of the background investigation.

I understand results of my background check may be used in determining whether to make me an offer of employment and other employment decisions, and that the Authorization Agreement is not an offer of employment by Tucker Rocky.

If hired, I agree to conform to the rules, regulations, and policies of Tucker Rocky and I also understand and agree that my employment can be terminated, with or without cause, and with or without notice, at any time, at the option of either Tucker Rocky or myself. I further understand that no one, other than the president of Tucker Rocky, has any authority to enter into any agreement for employment for any specific period of time or to make any agreement contrary to the statements contained herein, and that such agreement must be in writing and signed by the president.

Signature _____ Date _____