



Lowell Manufacturing Company
 100 Integram Drive
 Pacific, MO 63069 USA
 636-257-3400 | 800-325-9660
 www.lowellmfg.com

APPLICATION FOR EMPLOYMENT

PLEASE PRINT OR TYPE. *The application must be fully completed to be considered. Please complete each section, even if you attach a resume.*



We are an equal opportunity employer dedicated to a policy of non-discrimination in employment on the basis of race, color, age, sex, religion, national origin, disability, veteran status, citizenship, ancestry or other protected status.

PERSONAL INFORMATION:

Name (last, first, middle)

Address	City	State	Zip
Phone Number	Email Address		

- Do you have a High School Diploma or GED? Yes No
- Are you authorized to work in the U.S. on an unrestricted basis? Yes No
- Are you a veteran? Yes No
- Have you ever been convicted of a felony? *(Convictions will not necessarily disqualify an applicant for employment).* Yes No

If yes, please explain

If selected for employment are you willing to submit to a background check? Yes No

POSITION INFORMATION:

Position you are applying for	Available Start Date
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Employment Desired: Full time Part time Seasonal/Temporary

Have you been told the essential functions of the job or have you viewed a copy of the job description listing the essential functions required of the job? Yes No

Have you ever applied to work for Lowell Manufacturing Company before? Yes No

EDUCATION / QUALIFICATIONS:

Please list any education or training you feel relates to the position applied for that would help you perform the work, such as schools, colleges, degrees, vocational or technical programs, and military training.

School Name	Degree	Address / City/ State

ESSAY: Write a paragraph describing why you feel you should be hired for this position.

EMPLOYMENT HISTORY:

Employer	Job Title	Dates Employed	
Work Phone	Starting Pay	Ending Pay	
Address	City	State	Zip

May we contact? Yes No

Employer	Job Title	Dates Employed	
Work Phone	Starting Pay	Ending Pay	
Address	City	State	Zip

May we contact? Yes No

Employer	Job Title	Dates Employed	
Work Phone	Starting Pay	Ending Pay	
Address	City	State	Zip

May we contact? Yes No

Employer	Job Title	Dates Employed	
Work Phone	Starting Pay	Ending Pay	
Address	City	State	Zip

May we contact? Yes No

REFERENCES:

Please list any business or personal references here.

Name	Title	Company	Phone

SIGNATURE DISCLAIMER:

I certify my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my employment being terminated.

Name <i>(please print)</i>	Signature
Date	