



**REGISTRATION FORM**

**Date of Registration:** \_\_\_\_\_ **POSITION APPLIED:** \_\_\_\_\_

**APPLICANT INFORMATION**

Name: \_\_\_\_\_  
(Last) (First) (MI)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Other: \_\_\_\_\_

Email Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**EMPLOYMENT INFORMATION**

Most Recent Employer:
Dates Employed:
Address / Phone# / Supervisor's Name :
Job Title:
Starting Pay / Ending Pay:
Summarize the type of work performed and responsibilities:

Employer:
Dates Employed:
Address / Phone# / Supervisor's Name :
Job Title:
Starting Pay / Ending Pay:
Summarize the type of work performed and responsibilities:

Employer:
Dates Employed:
Address / Phone# / Supervisor's Name :
Job Title:
Starting Pay / Ending Pay:
Summarize the type of work performed and responsibilities:

**AVAILABILITY**

Please list the days and times that you are available to work on a weekly basis:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

**APPLICANT QUESTIONS:**

1. Are you currently taking any prescribed medications? Yes\_\_\_\_\_ / No\_\_\_\_\_

List medications:\_\_\_\_\_

2. Do you have any allergies? Yes\_\_\_\_\_ / No\_\_\_\_\_

List any allergies:\_\_\_\_\_

3. Do you have any physical or mental disabilities that would prevent you from performing any of your job duties? Yes\_\_\_\_\_ / No\_\_\_\_\_

List any disabilities:\_\_\_\_\_

4. Do you currently smoke marijuana or any illegal drug? Yes\_\_\_\_\_ / No\_\_\_\_\_

5. Have you smoked marijuana or any drug in the past 12 months? Yes\_\_\_\_\_ / No\_\_\_\_\_

6. Do you currently use any drugs or medications not prescribed to you? Yes\_\_\_\_\_ / No\_\_\_\_\_

7. Have you used any drug or medications not prescribed to you in the past twelve months? Yes\_\_\_\_\_ / No\_\_\_\_\_

8. Do you use medicinal marijuana? Yes\_\_\_\_\_ / No\_\_\_\_\_

9. Do you use tobacco products ? Yes\_\_\_\_\_ / No\_\_\_\_\_

If you answer yes, explain:

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10. Do you smoke or use K2, products similar to K2, or bath salts? Yes\_\_\_\_\_ / No\_\_\_\_\_

If you answer yes, explain:

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11. Are you currently enrolled in school? Yes\_\_\_\_\_ / No\_\_\_\_\_

High School Name: \_\_\_\_\_ Grade: 9 / 10 / 11 / 12 Grad: Year\_\_\_\_\_

College/University Name: \_\_\_\_\_ Years Completed: \_\_\_\_\_

Did you earn a degree? Yes\_\_\_\_\_ / No\_\_\_\_\_ Degree earned: \_\_\_\_\_

**Criminal History:**

Have you ever been convicted of a misdemeanor? Yes\_\_\_\_\_ / No\_\_\_\_\_

If you answered yes, explain by giving the type of offense and dates:

Have you ever been convicted of a felony? Yes\_\_\_\_\_ / No\_\_\_\_\_

If you answered yes, explain by giving the type of offense and dates:

Are you restricted from being around children? Yes\_\_\_\_\_ / No\_\_\_\_\_

If you answered yes, explain:

Are you currently on any type of house arrest, work release, probation, parole or supervised release from jail or prison? Yes\_\_\_\_\_ / No\_\_\_\_\_

If you answered yes, explain:

**CERTIFICATIONS**

Please list all certifications and specializations; professional and trade associations; and special accomplishments, publications, awards, etc.



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For Office Use Only:

\_\_\_\_\_ - Driver's License / State Identification

\_\_\_\_\_ - Social Security Card

\_\_\_\_\_ - Background Check –  
BCII / FBI – Authentication # / Date Provided: \_\_\_\_\_

\_\_\_\_\_ - Offer Letter

\_\_\_\_\_ - Part-time Employment Notification

\_\_\_\_\_ - W-4 Form

Position Hired: \_\_\_\_\_

Wage Rate / Salary: \_\_\_\_\_

Notes

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Equipment Purchased by Applicant:

_____ - _____	- Cost _____	- Paid _____	Date _____
_____ - _____	- Cost _____	- Paid _____	Date _____
_____ - _____	- Cost _____	- Paid _____	Date _____
_____ - _____	- Cost _____	- Paid _____	Date _____
_____ - _____	- Cost _____	- Paid _____	Date _____
_____ - _____	- Cost _____	- Paid _____	Date _____
_____ - _____	- Cost _____	- Paid _____	Date _____

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## Release Authorization

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In connection with my registration for employment, I understand that an investigative consumer report may be requested that will include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment. I understand that as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about my workers' compensation injuries; driving record; court record; education; credentials; consumer credit; and references.

Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer-reporting agency. If so, I will be notified and given the name and address of the agency or the source, which provided the information.

I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by The Lanes Inc., and or its agent(s), to furnish the information described above.

Law enforcement agencies and other entities require the following information for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release The Lanes Inc. and its agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the request for or release of any of the above-mentioned information or reports.

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(Last) (First) (MI)

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(Print other names you have used)

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(Home Address) (City) (State) (Zip Code)

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Sex:     Male       Female

Race:    Asian       African-American       Hispanic       Caucasian       Other: \_\_\_\_\_

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(Driver's License Number) (State) (Name as it appears on license)

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Signature Date

## ***DEMOGRAPHIC INFORMATION***

Submission of this information is voluntary and will not be used in the consideration of your registration. The information is processed by The Lanes Inc. and is used exclusively as provided by law for compliance purposes. Information will be reported anonymously and in aggregate form.

Date: \_\_\_\_\_

Sex:  Male  Female

Race:  Asian or Pacific Islander  
 African-American/Black (not of Hispanic origin)  
 American Indian or Alaskan Native  
 Caucasian/White (not of Hispanic origin)  
 Hispanic (persons of Spanish culture or origin, regardless of race)  
 Other: \_\_\_\_\_

Person with disability:  Yes  No

Veteran Status: Did you serve on active duty for a period of over 180 days?  
 Yes  No

Were you discharged or released for duty with other than a honorable discharge?

Yes  No

If you answered yes, explain:

\_\_\_\_\_

Are you a special disabled veteran?

Yes  No