

# Laser Pros International

1 International Lane, Rhinelander, WI 54501  
Phone: (715) 369-5995  
Fax: (715) 369-5999  
Email: Careers@LaserPros.com



## Employment Application

**Additional Locations:**  
Henderson, NV  
Marshall, TX

### Applicant Information

Full Name: \_\_\_\_\_ Application Date: \_\_\_\_\_  
LAST FIRST M.I. MM/DD/YYYY

Address: \_\_\_\_\_  
STREET ADDRESS APARTMENT/SUITE #

\_\_\_\_\_ CITY STATE ZIP CODE

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

If necessary, best time to call you: \_\_\_\_\_

### Job Position Information

Position Applied For: \_\_\_\_\_ Location of Position: \_\_\_\_\_

Date Available: \_\_\_\_\_ Desired Salary: \_\_\_\_\_ Applying For: **FULL TIME** **PART TIME** **EITHER**  
MM/DD/YYYY

Have you worked for Laser Pros before? **YES** **NO** If yes, when? \_\_\_\_\_

Where did you hear about the position (Specific Social Media platform, referral, friend, specific job site, etc.)?  
\_\_\_\_\_

Were you referred by an employee of Laser Pros? **YES** **NO** If yes, who? \_\_\_\_\_

### Education

Do you have a High School Diploma or GED? **YES** **NO**

#### COLLEGE, UNIVERSITY, TRADE, VOCATIONAL OR OTHER SECONDARY EDUCATION:

NAME OF INSTITUTION	CITY/STATE	DEGREE/MAJOR OF STUDY	YEARS COMPLETED	GRADUATED
				YES NO
				YES NO
				YES NO

## Employment History (Starting With Most Recent)

EMPLOYER		PHONE	SUPERVISOR	
ADDRESS			MAY WE CONTACT EMPLOYER FOR A REFERENCE?	YES NO
CITY	STATE	ZIP	JOB TITLE	
RESPONSIBILITIES/DUTIES			DATES EMPLOYED	
			-	
REASON FOR LEAVING			STARTING WAGE/SALARY (WI/TX Locations Only)	
			ENDING WAGE/SALARY (WI/TX Locations Only)	

EMPLOYER		PHONE	SUPERVISOR	
ADDRESS			MAY WE CONTACT EMPLOYER FOR A REFERENCE?	YES NO
CITY	STATE	ZIP	JOB TITLE	
RESPONSIBILITIES/DUTIES			DATES EMPLOYED	
			-	
REASON FOR LEAVING			STARTING WAGE/SALARY (WI/TX Locations Only)	
			ENDING WAGE/SALARY (WI/TX Locations Only)	

EMPLOYER		PHONE	SUPERVISOR	
ADDRESS			MAY WE CONTACT EMPLOYER FOR A REFERENCE?	YES NO
CITY	STATE	ZIP	JOB TITLE	
RESPONSIBILITIES/DUTIES			DATES EMPLOYED	
			-	
REASON FOR LEAVING			STARTING WAGE/SALARY (WI/TX Locations Only)	
			ENDING WAGE/SALARY (WI/TX Locations Only)	

EMPLOYER		PHONE	SUPERVISOR	
ADDRESS			MAY WE CONTACT EMPLOYER FOR A REFERENCE?	YES NO
CITY	STATE	ZIP	JOB TITLE	
RESPONSIBILITIES/DUTIES			DATES EMPLOYED	
			-	
REASON FOR LEAVING			STARTING WAGE/SALARY (WI/TX Locations Only)	
			ENDING WAGE/SALARY (WI/TX Locations Only)	

Explain any gaps in Employment: \_\_\_\_\_

\_\_\_\_\_

## Skills and Qualifications

Please provide any additional special training, skills or volunteer work that may qualify you to perform job-related tasks for the position applied for.

<b>CERTIFICATIONS/LICENSES</b>  _____ _____ _____	<b>SOFTWARE APPLICATIONS</b>  _____ _____ _____
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## References

FULL NAME	RELATIONSHIP	PHONE NUMBER	YEARS ACQUAINTED

## Disclaimer and Signature

*It is understood and agreed upon that any misrepresentation by me on this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed.*

*I give the employer the right to verify all references and to secure additional information about me, if job-related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.*

*The employer is an Equal Opportunity Employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law. In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.*

*This application is current for six (6) months. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.*

*I understand that just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the employer has the authority to make any assurances to the contrary.*

*I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of this person(s) need for an accommodation that would be required by the ADA.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_  
MM/DD/YYYY