



Fax

To: Lydall Thermal/Acoustical, Inc. **Attn:** Human Resources Department

From: **Fax:** (336) 468-8518

Date: **Pages:**

Re: Application and Resume **CC:**

Urgent **For Review** **Please Comment** **Please Reply** **Please Recycle**

Human Resources Department;
Resume and Application attached.

Lydall, Inc.

(Also referred to as the "Company")

EMPLOYMENT APPLICATION

(internal and external candidates)

Thank you for your interest in working for our Company. We are an equal opportunity employer and consider only the qualifications of our applicants. Our Company does not discriminate in hiring or employment on the basis of race, color, religion, creed, marital status, sexual orientation, sex (including pregnancy), national origin or place of birth, ancestry, age, qualified individuals with disabilities, genetic predisposition, or genetic carrier status.

(Please answer every question)

Name				Email Address	Date
Last	First	Middle Initial			
Present Address				Telephone No. where you can be reached	How long have you lived at this address?
No. & Street	City	State	Zip Code	Home:	
				Cell:	

Are you 18 years of age or over? Yes NoHave you ever worked for our Company before? Yes No If yes, where? _____

From _____ To _____

Are you a current employee? Yes NoPosition for which you are applying _____ Expected Salary \$ _____ Week Year

How did you learn of this position? _____

Other positions for which you would like to be considered _____

Date available for employment _____

Are you under any contract with a former or current employer that could impact your ability to work for our Company? Yes NoWork Schedule desired: Full Time Part Time Summer Only Temporary Assignment

If part time, hours available _____

Which Shifts are you available to work: First Second Third Rotating WeekendsAre you legally entitled to work in the United States? Yes NoAre you a Veteran of the U.S. Armed Forces? Yes NoHave you ever been convicted of a felony? Yes No If yes, what year(s)? _____ What Court(s)? _____

Candidates are not required to disclose information regarding an arrest, criminal charge or conviction which has been erased. The following records are subject to erasure: (1) records pertaining to a finding of delinquency or a child that was a member of a family with service needs, (2) an adjudication as a youthful offender; (3) a criminal charge that has been dismissed or nullified; (4) criminal charge for which the person has been found not guilty; or (5) a conviction for which the person has received an absolute pardon. Any person whose records have been erased shall be deemed to have never been arrested.

FORMAL EDUCATION

School	Name of School	Address	Number of Years Attended	Major Course And/or Degree
High School				
Business or Trade School				
College(s) and/or Graduate School				
Training or Skills				

EMPLOYMENT EXPERIENCE
(General Description of Position and Duties must be completed)

List Present or Last Position		Date Employed Mo/Yr to Mo/Yr	Position and Duties	Salary Start/Leave	Reason for Leaving
Company Name					
Street					
City/State					
Supervisor's Name					
Telephone No.					
Company Name					
Street					
City/State					
Supervisor's Name					
Telephone No.					
Company Name					
Street					
City/State					
Supervisor's Name					
Telephone No.					

Thank you for completing this application form and for your interest in employment with our Company. Employment may be subject to satisfactory reference checks and may require a post-offer physical examination that may include a drug and alcohol screening.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between the Company and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon the Company. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that the Company retains a similar right.

I certify that information contained in this application and resume is true and correct to the best of my knowledge, and I understand that falsification or materially incorrect information in this application is grounds for disqualification from further consideration, or for dismissal from employment.

I authorize the Company to contact any organization or individual that I have listed on my employment application or resume or mentioned in job interviews and obtain from them any relevant information about my job qualifications, experience, education, skills, abilities, work-related characteristics or traits, performance, credentials, or other characteristics or factors affecting my suitability for employment with the Company. I agree that the Company can conduct a comprehensive background check according to its Employment Background Policy as part of this application process. I further understand that the Company can initiate a background check if it deems it has reason to believe that any information supplied during the application or post-employment process if it needs verification.

I understand that I am consenting to the release of any such information about me held or known by my former (or current) employer(s), supervisors, co-workers, schools and educational institutions, professional or business associates, and friends and acquaintances an investigation of my suitability for employment may disclose.

In recognition of the Company's legitimate business purpose in pursuing information about me as an employee or a potential employee and in exchange for consideration of my employment application, I agree not to file or bring any complaints, claims or legal actions of any kind against any organization or individual that provides work-related information about me to the Company or its agents in accordance with the terms and intent of this release. I also agree not to file or bring any complaints, claims or legal action against the Company or any of their employees, representatives, or agents arising out of their efforts to obtain work-related information about me.

Signature of Applicant

Date

(Completion of information below is voluntary)

Self-Identification

Date _____ Position(s) applied for _____

Referral Source

- Advertisement Employee Relative School Government Employment Agency
 Private Employment Agency Other

Name of Source (If Applicable) _____

Name _____ () -
Last First Middle Area Code Phone

Address _____
Street City State Zip Code

Check One: Male Female

Check one of the following Race/Ethnic Group (if two or more races, check appropriate boxes)

- American Indian/Alaska Native Asian Black/African American
 Native Hawaiian/Other Pacific Islander Hispanic/Latino White

Check if any of the following are applicable

The Company is subject to Section 503 of the Rehabilitation Act of 1973 and Section 402 of the Vietnam Era Veterans Readjustment Assistance Act of 1974, which requires government contractors to take affirmative action to employ and advance in employment qualified disabled veterans, veterans of the Vietnam era, and disabled individuals.

If you are a disabled veteran, Vietnam era veteran or disabled individual, we would like to include you under the Affirmative Action Program. Further, if you are a disabled veteran or disabled individual, it would assist us if you tell us about (1) any special methods, skills and procedures which qualify you for positions that you might not otherwise be able to do because of your disability so that you will be considered for any position of that kind, and (2) suggested accommodations that would enable you to perform the job properly and safely, including reasonable changes in the physical layout of the job, alterations of certain duties relating to the job, or other accommodations.

Vietnam Era Veterans:

1. Did you serve on active duty for more than 180 days, any part occurring between 08/05/64 and 05/07/75? Yes _____ No _____
2. Were you discharged or released from the above active duty because of a service-connected disability? Yes _____ No _____

Other Eligible Veterans:

3. Did you serve on active duty during a war or campaign or expedition for which a campaign badge was authorized? Yes _____ No _____

Newly Separated Veterans:

4. Were you discharged from active duty during the prior twelve months? Yes _____ No _____

Special Disabled Veterans:

5. Are you entitled to disability compensation by the Veterans Administration for a 30% or more rated disability? Yes _____ No _____
6. Are you entitled to disability compensation by the Veterans Administration for a 10% or 20% rated disability and have been determined under Section 1506 of Title 38, U.S.C. to have a serious employment handicap? Yes _____ No _____

Armed Forces Service Medal Veterans:

7. Are you a Veteran of the U.S. Armed Forces Service Medal? Yes _____ No _____

Disability:

8. Do you have a physical or mental impairment that limits one or more of your major life activities? Yes _____ No _____

If yes, please explain: _____

9. Are there any accommodations we could make which would enable you to perform the job? Yes _____ No _____

If yes, please list (including methods & skills): _____

TO BE COMPLETED BY APPLICANT – NOT FOR INTERVIEW PURPOSES – TO BE FILED SEPARATELY FROM APPLICATION