



Application for Employment

(920) 338-3442 phone ▪ (920) 338-3452 fax

www.LhProd.com

Email application to: Apply@LhProd.com

Personal Information			
Name		Today's Date	
Are you at least 18 years of age?		Social Security Number	
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you currently have a valid Driver's License?	License Number	State	Expiration Date
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Current Address		City	State
Other Address in the Past 3 years (1):		City	State
Other Address in the Past 3 years (2):		City	State
Cell Phone	Home Phone	Email	
Available Start Date	Ending Date (if temporary employee)	Please list any schedule conflicts you may have after your hire date	

Education		
School	Degree	Date of Graduation
School	Degree	Date of Graduation
School	Degree	Date of Graduation

General Information * for technical positions only	
What department are you applying for?	What type of position are you interested in?
*Are you able & willing to lift 50-80 lbs?	*If no, please explain:
<input type="checkbox"/> Yes <input type="checkbox"/> No	
How many lines of Tetris are you able to clear?	*Are you willing to climb ladders, scaffolding, use personnel lifts or perform other types of work at heights 5'-35' off the ground?
	<input type="checkbox"/> Yes <input type="checkbox"/> No
*Please explain any limitations you may have with elevated work:	
*Some positions requires travel, overnight hotel stays, work outside in various types of weather, as well as long hours. Do you have any problems with any of these work conditions? If yes, please explain:	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Do you have any medical conditions that could affect your ability to perform work required for this position? If yes, you are not required to explain, but are welcome to if you wish:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	



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Industry Specific Training / Skills

Describe any industry related skills or experience you possess:

What consoles, software, systems are you familiar with?

Describe any industry related troubleshooting and repair skills you possess: (technical positions only)

List any training or certifications you have attended or possess that apply to the position you are applying for:

Please include any other information you would like us to consider in reviewing your application:

** Note: you may also attach any additional examples of industry related materials that demonstrate your skills in this area.



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Employment History Starting with your most recent employer, please provide the following information:				
Employer		Position		
Employer Phone	May we contact for reference?	Contact Name	Title	
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Employer Address		City	State	Zip Code
Start Date	End Date	Starting Compensation	Ending Compensation	
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	
Please summarize the type of work performed and job responsibilities				

Employer		Position		
Employer Phone	May we contact for reference?	Contact Name	Title	
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Employer Address		City	State	Zip Code
Start Date	End Date	Starting Compensation	Ending Compensation	
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	
Please summarize the type of work performed and job responsibilities				

Employer		Position		
Employer Phone	May we contact for reference?	Contact Name	Title	
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Employer Address		City	State	Zip Code
Start Date	End Date	Starting Compensation	Ending Compensation	
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	
Please summarize the type of work performed and job responsibilities				



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Applicants applying for a full time technical position over the age of 21, please fill out the remainder of the Driving Section. This page may be left blank if the position you are applying for does not require commercial driving.

Driving Section				
Have you ever been denied a license, permit, or privilege to operate a motor vehicle?		Has any license, permit or privilege to operate a motor vehicle been suspended or revoked?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
*If your license has ever been suspended or revoked, please explain:				

Commercial Driving Experience				
Are you willing to acquire a class "B" commercial driver's license (Light Truck GVWR of 26,001 or more pounds)?		Are you willing to acquire a class "A" commercial driver's license (Light Truck GVWR of 26,001 or more pounds)?		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Already have		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Already have		
<input type="checkbox"/> Summer employment (N/A)		<input type="checkbox"/> Summer employment (N/A)		
Class of Equipment	Type / Size of Equipment	From	To	Approximate Total Miles
Straight Truck				
Tractor & Trailer				
Other				
Were you subject to Federal Motor Carrier Safety Regulations at a previous employer?		If you answered yes to the question to the left, was that job subject to drug and alcohol testing requirements of 49 CFR Part 40?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Accident Record for the Past 3 Years				
Date	Nature of Accident (Rear-End, Upset...)	Fatalities	Injuries	
Traffic Convictions for the Past 3 Years (Other than Parking Violations)				
Date	Location	Charge	Penalty	



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References		
Please list name & phone number of three business/work references who are <i>not</i> related to you. If not applicable, list three school or personal references		
Name	Company / Relationship	Years Known
Phone	Email	
May we contact for reference?	If no, please explain	
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Name	Company / Relationship	Years Known
Phone	Email	
May we contact for reference?	If no, please explain	
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Name	Company / Relationship	Years Known
Phone	Email	
May we contact for reference?	If no, please explain	
<input type="checkbox"/> Yes <input type="checkbox"/> No		

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with Lighthouse Productions is true, complete and correct.

I expressly authorize, without reservation, Lighthouse Productions to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions, and to otherwise verify the accuracy of all information provided by me in this application, resume, or job interview.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.
I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____

Date _____