



Application for Employment

Harry J. Lawall & Son, Inc.
 Lawall Prosthetics and Orthotics, Inc.
 Lawall at Hershey, Inc.
 Lawall P&O of Florida, Inc.

APPLICANT INFORMATION			
Last Name:	First Name:	M.I.:	Date:
Street Address:		Apartment/Unit #:	
City:	State:	Zip Code:	
Phone:	E-mail Address:		
Position Applied For:	Date Available:	Desired Salary:	
Have you ever applied to this company before? YES <input type="checkbox"/> NO <input type="checkbox"/>		If so, when?	
Are you authorized to work in the U.S.? <i>(Proof of identity and eligibility will be required upon employment.)</i>			YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you over 18 years of age? <i>(If no, you may be required to provide authorization to work.)</i>			YES <input type="checkbox"/> NO <input type="checkbox"/>

EDUCATION			
High School:		Address:	
From:	To:	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree:
College:		Address:	
From:	To:	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree:
Other:		Address:	
From:	To:	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree:

REFERENCES (Professional)			
Full Name:		Relationship:	
Company:			Phone:
Address:			
Full Name:		Relationship:	
Company:			Phone:
Address:			
Full Name:		Relationship:	
Company:			Phone:
Address:			

PREVIOUS EMPLOYMENT			
Company:		Phone:	
Address:		Dates of Employment:	
Position:	Reason for Leaving:		
Responsibilities:			
Company:		Phone:	
Address:		Dates of Employment:	
Position:	Reason for Leaving:		
Responsibilities:			
Company:		Phone:	
Address:		Dates of Employment:	
Position:	Reason for Leaving:		
Responsibilities:			

EQUAL OPPORTUNITY EMPLOYER
LAWALL Prosthetic and Orthotic Services (Including Harry J. Lawall and Son, Inc.; Lawall Prosthetics and Orthotics, Inc.; Lawall at Hershey, Inc; and Lawall P&O of Florida, Inc.) do not discriminate against otherwise qualified applicants on the basis of race, color, religion, sex (including pregnancy, sexual orientation, or gender identity), national origin, age, disability or genetic information.

DISCLAIMER AND SIGNATURE		
<p>I certify that 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 termination of my employment.</p> <p>I understand that neither the completion of this application, nor any other part of my consideration for employment establishes any obligation for LAWALL Prosthetic and Orthotic Services (Including Harry J. Lawall and Son; Lawall Prosthetics and Orthotics, Inc.; Lawall at Hershey, Inc.; or Lawall P&O of Florida, Inc.) to hire me. If I am hired, I understand that either party can terminate my employment at any time and for any reason, with or without cause and with or without prior notice.</p>		
<table> <tr> <td>Signature</td> <td>Date</td> </tr> </table>	Signature	Date
Signature	Date	