Butler Laser LLC Employment Application
300 Cedarcrest Dr., Lexington, SC 29072
Phone: (803) 957-9842

Instructions: Please complete all sections of this application form accurately. Print clearly or type your responses. Submit the completed form to our office staff. Butler Laser LLC is an equal opportunity employer.

Personal Information
Full Name: _____
Address: _____
City, State, ZIP: _____
Phone Number: _____
Email Address: _____
Are you legally authorized to work in the United States? ☐ Yes ☐ No
Are you at least 18 years of age? ☐ Yes ☐ No
Position Information
Position Applied For: _____
Date Available to Start: _____
Employment Type Desired: ☐ Full-Time ☐ Part-Time ☐ Temporary
Expected Salary/Wage: _____
How did you hear about this position? _____

Employment History
Please provide details of your most recent positions (up to three). Attach additional sheets if necessary.
Employer 1
Company Name: _____
Address: _____
Phone Number: _____
Job Title: _____
Dates Employed (MM/YYYY – MM/YYYY): _____
Supervisor’s Name: _____
Responsibilities:
Reason for Leaving: _____
Employer 2
Company Name: _____
Address: _____
Phone Number: _____
Job Title: _____
Dates Employed (MM/YYYY – MM/YYYY): _____
Supervisor’s Name: _____
Responsibilities:
Reason for Leaving: _____

Skills and Qualifications

Relevant Skills (e.g., technical skills, software proficiency, equipment operation):

Certifications/Licenses (e.g., laser operation, safety training):

References

Please provide two professional references (not relatives).

Reference 1

Name: _____

Relationship: _____

Phone Number: _____

Email Address: _____

Reference 2

Name: _____

Relationship: _____

Phone Number: _____

Email Address: _____

Additional Information

Have you ever been convicted of a felony? ☐ Yes ☐ No

If yes, please explain (a conviction will not necessarily disqualify you):

Why are you interested in working at Butler Laser LLC?

Acknowledgment and Signature

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that falsification or omission of information may result in denial of employment or termination if discovered after hire. I authorize Butler Laser LLC to verify the information provided, including contacting my references and previous employers.

Applicant Signature: _____

Date: _____