

EMPLOYMENT APPLICATION

EQUAL OPPORTUNITY EMPLOYER: It is our policy to abide by all Federal and State laws prohibiting employment discriminations solely on the basis of a person's race, color, national origin, age (over 40), gender, marital status, or physical handicap, except where law allows.

PERSONAL

NAME (LAST)	(FIRST)	(MIDDLE)	SOCIAL SECURITY #	
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PERMANENT ADDRESS	(STREET)	(CITY)	(STATE)	(ZIP CODE)
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SCHOOL ADDRESS	(STREET)	(CITY)	(STATE)	(ZIP CODE)
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SUMMER ADDRESS	(STREET)	(CITY)	(STATE)	(ZIP CODE)
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CELL PHONE	HOME PHONE	E-MAIL	
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DATE OF BIRTH	AGE			
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DRIVERS LICENSE NUMBER	STATE	VERIFIED (BY INTERVIEWER)		
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ARE YOU A U.S. CITIZEN	YES	NO		
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HAVE YOU EVER BEEN CONVICTED OF A FELONY, PLEAD NO CONTEST IN A FELONY, OR BEEN CONVICTED OF A MISDEMEANOR RESULTING IN IMPRISONMENT OR A FINE OVER \$500 DURING THE LAST 10 YEARS? Yes No

If yes, explain:

OTHER EMPLOYMENT-RELATED INFORMATION

CHECK THE FOLLOWING OPTIONS THAT YOU WOULD CONSIDER:

	Seasonal Full Time	Year Round Part Time
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Position or type of work applied for:

Dates Available for Employment:	From	To
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EDUCATION & TRAINING

HIGH SCHOOL	COMPLETE ADDRESS	Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No	
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COLLEGE/UNIVERSITY	COMPLETE ADDRESS	MAJOR	DEGREE (OR YEAR)
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COLLEGE/UNIVERSITY	COMPLETE ADDRESS	MAJOR	DEGREE (OR YEAR)
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TRADE SCHOOL/SPECIALIZED TRAINING	COMPLETE ADDRESS	SUBJECTS	Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No
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LIST ANY OTHER EDUCATION, TRAINING, SPECIAL SKILLS OR CERTIFICATES/LICENSES THAT YOU POSSESS RELATED TO THIS JOB:

REFERENCES

LIST BUSINESS PERSONS KNOWN, BUT NOT RELATED, TO YOU FOR AT LEAST THREE YEARS (INDICATE IF THEY HAVE WORKED HERE)

NAME	BUSINESS PHONE	YEARS KNOWN	EVER EMPLOYED HERE
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- 1.
- 2.
- 3.
- 4.

EXPERIENCE

List your last three work experiences, beginning with the most recent.

NAME OF EMPLOYER	TYPE OF BUSINESS			
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ADDRESS	CITY	STATE	ZIP	PHONE
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DATES EMPLOYED From To	POSITION HELD/JOB TITLE	FINAL SALARY
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NAME AND TITLE OF SUPERVISOR	MAY WE CONTACT? Yes No	EMPLOYMENT STATUS Full Time Part Time	REASON FOR LEAVING
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BRIEF DESCRIPTION OF DUTIES

NAME OF EMPLOYER	TYPE OF BUSINESS			
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ADDRESS	CITY	STATE	ZIP	PHONE
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DATES EMPLOYED From To	POSITION HELD/JOB TITLE	FINAL SALARY
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NAME AND TITLE OF SUPERVISOR	MAY WE CONTACT? Yes No	EMPLOYMENT STATUS Full Time Part Time	REASON FOR LEAVING
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ADDRESS	CITY	STATE	ZIP	PHONE
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DATES EMPLOYED From To	POSITION HELD/JOB TITLE	FINAL SALARY
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NAME AND TITLE OF SUPERVISOR	MAY WE CONTACT? Yes No	EMPLOYMENT STATUS Full Time Part Time	REASON FOR LEAVING
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BRIEF DESCRIPTION OF DUTIES

APPLICANT'S CERTIFICATION

Please read carefully before signing, if you have any questions regarding the following statements, please ask for assistance. I certify that, to the best of my knowledge and belief, the answers given by me to the foregoing questions and the statements made by me in this application are correct and complete. I understand that any false information contained in this application may result in my discharge.

I authorize you to communicate with all my former employers, school officials and persons named as references. I hereby release Landis Thirty-Nine Inc. and all employers, school and individuals from any damage whatsoever resulting from giving and receiving such information.

The Immigration Reform and Control Act of 1986 states that employers must require all persons hired to submit documents to the employer showing their identity and their right to be lawfully employed in the United States. It also requires that the employer complete and sign a government form to this effect. If you are hired by Landis Thirty-Nine Inc., you will need to furnish documents for inspection that verify your identity and indicate that you are legally permitted to work in the United States. These documents must be provided within three (3) working days of employment. If the original documents are not available, you must submit proof that you have applied for the required documents.

Additionally, I acknowledge that Landis Thirty-Nine Inc. is an at will employer. Accordingly, either I or the company can terminate the employment relationship at will, with or without cause, at anytime, so long as there is no violation of applicable federal or state law. This provision supersedes any oral or written representations to the contrary, unless the written statement is signed by the president of the company.

Date _____ Signature _____