

LANDMARK BUILDERS APPLICATION FOR EMPLOYMENT

Date of Application: _____

Position Applied For: _____ **Desired Wage:** _____

PERSONAL INFORMATION

Last Name	First Name	Middle Initial	Home Phone
Present Street Address		City	State Zip
Social Security Number		Name and phone number of the person to be notified in case of emergency	
Are you able to perform the essential functions of the position for which you are applying, either with or without reasonable accommodations?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have the legal right to work and be employed in the U.S.? <small>(Proof of identity and legal authority to work in the U.S. is a condition of employment.)</small>			Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you at least age 18? <small>(Proof of age and work permits may be required prior to hiring)</small>			Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have a reliable means of transportation to and from work? If it is your own vehicle, do you have valid insurance?			Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>

EDUCATION

	Name of School and Address	Graduated (Yes/No)	Number of Years	Course or Major	Grade Point Average
Junior High					
High School					
College					
Other					

Extracurricular Activities (You may omit those which indicate your race, color, religion, sex, national origin, ancestry, age or the existence of a disability.)

Have you ever worked for this Company before? Yes No

The Company is an equal opportunity employer. The Company does not discriminate on the basis of race, color, religion, sex, national origin, age, disability, or any other characteristic protected by applicable state or federal civil rights laws.

EMPLOYMENT / WORK EXPERIENCE (Continued)

Company No. 2 (present or most recent employer)	Address	Telephone Number
Employed (Month and Year): From _____ To _____		
Rate of Pay: Start _____ Ending _____		
Average Number of Hours Worked Per Week: _____		
Position(s) Held:		Supervisor's Name and Position
Describe all of your significant duties:		
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Reason for leaving:		
Company No. 3 (present or most recent employer)	Address	Telephone Number
Employed (Month and Year): From _____ To _____		
Rate of Pay: Start _____ Ending _____		
Average Number of Hours Worked Per Week: _____		
Position(s) Held:		Supervisor's Name and Position
Describe all of your significant duties:		
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Reason for leaving:		
Please identify and explain all periods of unemployment during the last five years:		
From	To	Reason for Unemployment

APPLICANT ACKNOWLEDGEMENT

I hereby certify that the information contained in this application form is true and correct to the best of my knowledge and agree to have any of the statements checked by the Company unless I have indicated to the contrary. I authorize the references listed above, as well as all other individuals whom the Company contacts, to provide the Company any and all information concerning my previous employment and any other pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to the Company as well as from any use or disclosure of such information by the Company or any of its agents, employees, or representatives. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer or, if I am hired, my immediate dismissal from employment.

In consideration of my employment, I agree to conform to the rules and standards of the Company. I further agree that my employment and compensation can be terminated at will, with or without cause, and with or without notice, at any time, either at my option or at the option of the Company. I understand that no employee or representative of the Company, other than its president, has the authority to enter into any agreement for employment for any specified period of time, or to make any express or implied agreement contrary to the foregoing. Further, the president of the Company may not alter the at-will nature of the employment relationship or enter into any employment agreement for a specified time unless the president and I both sign a written agreement that clearly and expressly specifies the intent to do so. I agree that this shall constitute a final and fully binding integrated agreement with respect to the at-will nature of my employment relationship and that there are no oral, written, or collateral agreements regarding this issue.

I also understand that all offers of employment are conditioned on the Company's receipt of satisfactory responses to reference requests and the provision of satisfactory proof of an applicant's identity and legal authority to work in the United States. Offers of employment may also be conditioned on the satisfactory completion of a **Consumer Report for Employment Purposes**.

Signature of Applicant

Date