

Landon-Landon

Job Application Form

Date of Application: _____

First Name: _____ Last Name: _____ Middle Name: _____

Address: _____ Social Security Number: _____

_____ Phone Number(s) _____

Date of Birth: _____

Have you ever filed an application for Landon-Landon? Yes: _____ No: _____

If checked Yes, give date: _____

Have you ever been an employee for Landon-Landon? Yes: _____ No: _____

If checked Yes, give date: _____

Are you employed currently? Yes: _____ No: _____

If checked Yes, may we contact your present place of work? Yes: _____ No: _____

Does your current Visa or Immigration Status prevent you from

becoming employed in this country? Yes: _____ No: _____

Do you have a drivers license? Yes: _____ No: _____

Do you have any physical limitations that preclude you from

performing any work for which you are being considered? Yes: _____ No: _____

If checked Yes, describe: _____

Have you been convicted of a felony or misdemeanor within

the last 5 years? Yes: _____ No: _____

If checked Yes, describe: _____

Position applying for: (circle one) Installer Sales Bookkeeper

Date Available for Work: _____

What is your desired Salary Range? _____

If you have had experience in *construction* please describe specific skills you have:

Please describe any information that you feel may be helpful to us in considering your application:

Education	Name of School/ Address	Course of Study	Number of Years Completed	Degree/ Diploma
High School				
College				
Other (Specify)				

Work Experience	Your decision to include or exclude any organizations which indicate race, color, religion, or other protected status are optional.
Employer: _____	Starting Date Employed: _____
Address: _____	Final Date Employed: _____
_____	Work Performed: _____
_____	_____
Phone Number(s): _____	Starting Wage/Salary: _____
_____	Final Wage/Salary: _____
Job Title: _____	_____
Reason for Leaving: _____	_____
May We Contact? Yes: _____ No: _____	Manager: _____

Employer: _____	Starting Date Employed: _____
Address: _____	Final Date Employed: _____
_____	Work Performed: _____
_____	_____
Phone Number(s): _____	_____
_____	Starting Wage/Salary: _____
Job Title: _____	Final Wage/Salary: _____
Reason for Leaving: _____	
May We Contact? Yes: ___ No: ___ Manager: _____	

Employer: _____	Starting Date Employed: _____
Address: _____	Final Date Employed: _____
_____	Work Performed: _____
_____	_____
Phone Number(s): _____	_____
_____	Starting Wage/Salary: _____
Job Title: _____	Final Wage/Salary: _____
Reason for Leaving: _____	
May we Contact? Yes: ___ No: ___ Manager: _____	

Please explain any gaps in employment: _____

Statement of Applicant:

-I certify that answers given herein are true and complete to the best of my knowledge.

-I give authorization of investigation of all statements contained in this application, as may be necessary in arriving at an employment decision.

Signature: _____ Date: _____