



APPLICATION FOR EMPLOYMENT  
(AN EQUAL OPPORTUNITY EMPLOYER)

DATE: \_\_\_\_\_

**PERSONAL INFORMATION**

NAME: \_\_\_\_\_  
(LAST, FIRST, MIDDLE INITIAL) - PLEASE PRINT

PRESENT ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP CODE

PERMANENT ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP CODE

TELEPHONE (\_\_\_\_\_) - \_\_\_\_\_ ARE YOU 18 YEARS OR OLDER? \_\_\_\_ YES \_\_\_\_ NO

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THE U.S.? \_\_\_\_ YES \_\_\_\_ NO

DO YOU HAVE ANY LIMITATIONS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED? \_\_\_\_ YES \_\_\_\_ NO IF YES, WHAT CAN BE DONE TO ACCOMODATE YOUR LIMITATION? \_\_\_\_\_

**EMPLOYMENT DESIRED**

POSITION \_\_\_\_\_ FULL-TIME \_\_\_\_ PART-TIME \_\_\_\_

DATE YOU CAN START \_\_\_\_\_ CAN YOU WORK OVERTIME? \_\_\_\_\_ SALARY DESIRED \_\_\_\_\_

REFERRED TO LANDMARK SCIENCE & ENGINEERING BY: \_\_\_\_ AD \_\_\_\_ AGENCY \_\_\_\_ FRIEND  
\_\_\_\_ STATE EMPLOYMENT OFFICE \_\_\_\_ COLLEGE PLACEMENT SERVICE \_\_\_\_ WALK-IN \_\_\_\_ OTHER

DO YOU HAE ANY BUSINESS INTEREST, EMPLOYMENT, OR OTHER OBLIGATIONS WHICH MIGHT CONFLICT WITH LANDMARK SCIENCE & ENGINEERING'S BUSINESS INTEREST? \_\_\_\_ YES \_\_\_\_ NO

**EDUCATION**

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	YEARS COMPLETED	DEGREE RECEIVED
HIGH SCHOOL	_____	_____	_____	_____
COLLEGE OR UNIVERSITY	_____	_____	_____	_____
GRADUATE SCHOOL	_____	_____	_____	_____
OTHER	_____	_____	_____	_____

HIGH SCHOOL

COLLEGE OR UNIVERSITY

GRADUATE SCHOOL

OTHER

PLEASE LIST TITLES FOR ANY PATENTS, PAPERS, THESES, OR ARTICLES \_\_\_\_\_

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK \_\_\_\_\_

SPECIAL TRAINING \_\_\_\_\_

SPECIAL SKILLS \_\_\_\_\_

**EMPLOYMENT RECORD**

(LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST)

=====

1. NAME OF EMPLOYER: (LAST OR PRESENT JOB) \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
DATES OF EMPLOYMENT: FROM \_\_\_\_\_ TO \_\_\_\_\_  
JOB TITLES: \_\_\_\_\_ DUTIES \_\_\_\_\_  
NAME AND TITLE OF IMMEDIATE SUPERVISOR: \_\_\_\_\_ MAY WE CONTACT? \_\_\_\_\_  
SUPERVISOR: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_

2. NAME OF EMPLOYER: (LAST OR PRESENT JOB) \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
DATES OF EMPLOYMENT: FROM \_\_\_\_\_ TO \_\_\_\_\_  
JOB TITLES: \_\_\_\_\_ DUTIES \_\_\_\_\_  
NAME AND TITLE OF IMMEDIATE SUPERVISOR: \_\_\_\_\_ MAY WE CONTACT? \_\_\_\_\_  
SUPERVISOR: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_

3. NAME OF EMPLOYER: (LAST OR PRESENT JOB) \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
DATES OF EMPLOYMENT: FROM \_\_\_\_\_ TO \_\_\_\_\_  
JOB TITLES: \_\_\_\_\_ DUTIES \_\_\_\_\_  
NAME AND TITLE OF IMMEDIATE SUPERVISOR: \_\_\_\_\_ MAY WE CONTACT? \_\_\_\_\_  
SUPERVISOR: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_

**REFERENCES**

GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

	NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

**SERVICE RECORD**

HAVE YOU EVER SERVED IN U.S. ARMED FORCES? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, BRIEFLY DESCRIBE THE NATURE OF YOUR DUTIES \_\_\_\_\_  
\_\_\_\_\_

PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES \_\_\_\_\_ YES \_\_\_\_\_ NO

DATE OBLIGATION ENDS \_\_\_\_\_

**AUTHORIZATION**

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION MAY BE GROUNDS FOR DISMISSAL.

I ACKNOWLEDGE THAT THE FIRM MAY CONTACT ANY PERSON WHOSE NAME I PROVIDED AS A REFERENCE DURING THE APPLICATION/HIRING PROCESS, AND HEREBY AUTHORIZE SAID PERSON(S) TO PROVIDE FULL AND COMPLETE INFORMATION CONCERNING MY SUITABILITY FOR EMPLOYMENT. I ALSO ACKNOWLEDGE THAT THE FIRM MAY CONDUCT A CRIMINAL BACKGROUND CHECK OR CREDIT HISTORY CHECK, BASED UPON MY JOB DUTIES. I HEREBY AUTHORIZE THE FIRM TO CONDUCT A CRIMINAL BACKGROUND CHECK AND/OR A REVIEW OF MY CREDIT HISTORY, AND ACKNOWLEDGE THAT MY HIRING AND/OR CONTINUED EMPLOYMENT MAY BE CONDITIONED UPON THE RESULTS.

I HEREBY RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU."

"I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS EMPLOYMENT AT WILL AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PRIOR NOTICE."

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DO NOT WRITE IN THIS SPACE

FOR INTERVIEWER'S USE

INTERVIEWER \_\_\_\_\_

HIRED \_\_\_\_\_ FOR DEPT. \_\_\_\_\_ POSITION \_\_\_\_\_

START DATE \_\_\_\_\_ SALARY \_\_\_\_\_ FULL-TIME \_\_\_\_\_ PART-TIME \_\_\_\_\_

APPROVED BY \_\_\_\_\_ DATE \_\_\_\_\_

APPROVED BY \_\_\_\_\_ DATE \_\_\_\_\_

COMMENTS: