

Application for Employment

We are a drug free, equal opportunity employer

Position Desired: _____ Part time Full time Date: _____

Name: _____
Last First Middle Initial

Present address: _____ Years lived there: Yrs _____ Mo _____

Previous address: _____ Years lived there: Yrs _____ Mo _____

Phone No: _____ Home Cell Social Security No: _____

In case of emergency, notify: _____ Relationship: _____

Address: _____ Phone No: _____

Do you smoke? Yes No How much? _____

Have you ever worked for Landmark? Yes No Salary Expected: \$ _____

If yes, please give dates and position: _____

Have you been convicted of any misdemeanor or felony? Yes No

Any pending charges? Yes No

If yes, please give date(s) and details: _____

NOTE: Answering "Yes" to these questions does not constitute an automatic bar to employment. Factors such as age at time of the offense, seriousness and nature of the violation and rehabilitation will be taken into account. Do not include minor traffic citations and arrests or convictions which have been sealed or expunged in answering this question.

Have you been terminated or asked to resign from any job? Yes No

If yes, please explain: _____

Please explain fully any gaps in your employment history: _____

May we contact your current employer? Yes No If no, please explain: _____

Please indicate any actual experience, special training and qualifications that you have which you feel are relevant to the position for which you are applying: _____

Have you ever used another name? Yes No

Is any additional information relative to change of name, use of an assumed name, or nickname necessary to enable a check on your work and educational record? Yes No

If yes, please explain: _____

If hired, can you furnish proof that you are over 18 years of age? Yes No

Are you capable of satisfactorily performing the essential job duties required of the position for which you are applying? Yes No

RECORD OF PREVIOUS EMPLOYMENT

Please list the names of your present or previous employers in chronological order with present or last employer listed first. Be sure to account for all periods of time including military service and any period of unemployment. If self-employed, give firm name and supply business references.

Present or Last Employer:	Employed From:	To:
Address:	Pay Start:	Pay End:
City, State, Zip:	Position:	
Telephone:	Name and Title of Supervisor:	
Reason for leaving:		

Previous Employer:	Employed From:	To:
Address:	Pay Start:	Pay End:
City, State, Zip:	Position:	
Telephone:	Name and Title of Supervisor:	
Reason for leaving:		

Previous Employer:	Employed From:	To:
Address:	Pay Start:	Pay End:
City, State, Zip:	Position:	
Telephone:	Name and Title of Supervisor:	
Reason for leaving:		

Previous Employer:	Employed From:	To:
Address:	Pay Start:	Pay End:
City, State, Zip:	Position:	
Telephone:	Name and Title of Supervisor:	
Reason for leaving:		

How many days of work have you missed in the last three years due to reasons other than paid holidays and vacation?

Year: _____ Number of Days: _____

Year: _____ Number of Days: _____

Year: _____ Number of Days: _____

RECORD OF EDUCATION

High School:	Years Completed:	To:
Diploma/Degree:		

College/University:	Years Completed:	To:
Diploma/Degree:	Major:	
Describe training, skills, extra-curricular activities:		

Graduate/Professional:	Years Completed:	To:
Diploma/Degree:	Major:	
Describe training, skills, extra-curricular activities:		

Trade or Correspondence:	Years Completed:	To:
Diploma/Degree:	Major:	
Describe training, skills, extra-curricular activities:		

Other:	Years Completed:	To:
Diploma/Degree:	Major:	
Describe training, skills, extra-curricular activities:		

PERSONAL REFERENCES

Name:	Years Known:
Telephone:	City, State, Zip:

Name:	Years Known:
Telephone:	City, State, Zip:

Name:	Years Known:
Telephone:	City, State, Zip:

This application will be considered active for a maximum of thirty (30) days. If you wish to be considered for employment after that time, you must re-apply.

I certify that all of the information that I have provided on this application is true and accurate.

Date

Signature of Applicant

APPLICANT'S STATEMENT & AGREEMENT

In the event of my employment to a position in this Company, I will comply with all rules and regulations of this Company. I understand that the Company reserves the right to require me to submit to a test for the presence of drugs in my system prior to employment and at any time during my employment, to the extent permitted by law. I consent to the disclosure of the results of any physical examination and related tests to the Company. I understand that should I decline to sign this consent or decline to take a drug or sobriety test, my application for employment may be rejected or my employment may be terminated.

I understand that the company may investigate my driving record and my criminal record. I further understand that the Company may contact my previous employers and I authorize those employers to disclose to the Company all records and information pertinent to my employment with them. In addition, to authorizing the release of any information regarding my employment, I hereby fully waive any rights or claims I have or may have against my former employers, their agents, or employees and representatives, as well as other individuals who release information to the Company, and release them from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me.

I authorize the persons named herein as personal references to provide the Company with any pertinent information they may have regarding myself.

I hereby state that all the information that I provided on this application or any other documents filled out in connection with my employment, and in any interview is true and correct. I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that if I am employed and any such information is later found to be false or incomplete in any respect, I may be dismissed. I understand if selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration laws require me to complete an I-9 Form in this regard.

If hired, I agree as follows: **My employment and compensation is terminable at-will, is for no definite period, and my employment and compensation may be terminated by the Company (employer) at any time and for any reason whatsoever, with or without good cause at the option of either the Company or myself. No implied, oral, or written agreements contrary to the express language of this agreement are valid unless they are in writing and signed by the President of the Company. No supervisor or representative of the Company, other than the President of the Company, has any authority to make any agreements contrary to the foregoing. This agreement is the entire agreement between the Company and the employee regarding the rights of the Company or employee to terminate employment with or without good cause, and this agreement takes the place of all prior and contemporaneous agreements, representations, and understandings of the employee and the Company.**

Except for exclusively monetary claims of less than \$5,000, I agree that any dispute or controversy which would otherwise require or allow resort to any court or other governmental dispute resolution forum, between myself and the Company (or its owners, employees, agents, directors, and officers, and parties affiliated with its employee benefit and health plans) arising from, related to, or having any relationship or connection whatsoever with my seeking employment with, employment by, or other association with the Company, whether based on tort, contract, statutory, or equitable law, or otherwise, shall be submitted to, and determined by, binding arbitration under the Federal Arbitration Act, in conformity with the procedures of the Florida Arbitration Code sections 682.01-22; provided, however, that: In addition to requirements imposed by law any arbitrator herein shall be a retired Florida Circuit Court Judge; all rules of pleadings, discovery, and of evidence applicable to civil actions in Florida courts shall apply; resolution of the disputes shall be based solely upon the law governing the claims pled, and the arbitrator may not invoke any basis other than such controlling law, including, but not limited to, notions of "just cause". As reasonably required to allow full use and benefit of this agreement's modifications to the act's procedures, the arbitrator shall extend the times set by the act for the giving of notices and setting of hearings. At either party's request, awards exceeding \$50,000 shall be subject to reversal, modification, or reduction, following review of the record and arguments of the parties by a second arbitrator who shall, as far as practicable, proceed according to the law and procedures applicable to appellate review by the Florida District Court of Appeal of a civil judgment following court trial. I understand that by agreeing to this binding arbitration provision, both I and the Company give up our rights to trial by jury.

If you have any questions regarding this statement, please ask the Company representative conducting your interview before signing. I hereby acknowledge that I have read the above statements and understand the same.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT & AGREEMENT

Date

Signature of Applicant