

# Landmark Logistics, Inc. Employment Application Form

PLEASE PRINT ALL  
INFORMATION REQUESTED  
EXCEPT SIGNATURE

## APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-5.

DATE \_\_\_\_\_

Name

Last First Middle Maiden

Present address

Number Street City State Zip

How long \_\_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

If under 18, please list age \_\_\_\_\_

Position applied for (1) \_\_\_\_\_

and salary desired (2) \_\_\_\_\_  
(Be specific)

Days/hours available to work:

No Pref \_\_\_\_\_ Thur \_\_\_\_\_

Mon \_\_\_\_\_ Fri \_\_\_\_\_

Tue \_\_\_\_\_ Sat \_\_\_\_\_

Wed \_\_\_\_\_ Sun \_\_\_\_\_

How many hours can you work weekly? \_\_\_\_\_ Can you work nights? \_\_\_\_\_

Employment desired \_\_\_ FULL-TIME ONLY \_\_\_ PART-TIME ONLY \_\_\_ FULL- OR PART-TIME

When available for work? \_\_\_\_\_

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	# OF YRS COMPLETED	MAJOR/DEGREE
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High School

College

Bus. or Trade School

Professional School

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**APPLICATION FOR EMPLOYMENT**

HAVE YOU EVER BEEN CONVICTED OF A CRIME?  No  Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

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DO YOU HAVE A DRIVER'S LICENSE?  Yes  No

What is your means of transportation to work? \_\_\_\_\_

Driver's license number \_\_\_\_\_ State of issue \_\_\_\_\_  Operator  Commercial (CDL)

Expiration date \_\_\_\_\_

Have you had any accidents during the past three years? How many? \_\_\_\_\_

Have you had any moving violations during the past three years? How Many? \_\_\_\_\_

Please list two references other than relatives or previous employers.

Name \_\_\_\_\_ Name \_\_\_\_\_

Position \_\_\_\_\_ Position \_\_\_\_\_

Company \_\_\_\_\_ Company \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_ Telephone \_\_\_\_\_

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

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APPLICATION FOR EMPLOYMENT

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? \_\_ Yes \_\_ No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? \_\_ Yes \_\_ No

Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

**Work Experience**

Please list your work experience for the **past five years** beginning with your most recent job held.  
If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone number \_\_\_\_\_

Name of last supervisor \_\_\_\_\_

Employment dates      From \_\_\_\_\_ To \_\_\_\_\_

Pay or salary      Start \_\_\_\_\_ Final \_\_\_\_\_

Your last job title \_\_\_\_\_

Reason for leaving (be specific) \_\_\_\_\_

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of employer \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone number \_\_\_\_\_

Name of last supervisor \_\_\_\_\_

Employment dates      From \_\_\_\_\_ To \_\_\_\_\_

Pay or salary                      Start \_\_\_\_\_ Final \_\_\_\_\_

Your last job title \_\_\_\_\_

Reason for leaving (be specific) \_\_\_\_\_

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

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Name of employer \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone number \_\_\_\_\_

Name of last supervisor \_\_\_\_\_

Employment dates              From \_\_\_\_\_ To \_\_\_\_\_

Pay or salary                      Start \_\_\_\_\_ Final \_\_\_\_\_

Your last job title \_\_\_\_\_

Reason for leaving (be specific) \_\_\_\_\_

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

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Name of employer \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone number \_\_\_\_\_

Name of last supervisor \_\_\_\_\_

Employment dates              From \_\_\_\_\_ To \_\_\_\_\_

Pay or salary                      Start \_\_\_\_\_ Final \_\_\_\_\_

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May we contact your present employer?  Yes  No

Did you complete this application yourself  Yes  No

If not, who did?

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Signature \_\_\_\_\_

**OFFICE ONLY**

Word  Yes  No

Typing  Yes  No \_\_\_\_\_ WPM

Personal  Yes  PC  
Computer  No  Mac

Other Skills \_\_\_\_\_

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