



APPLICATION FOR EMPLOYMENT

Print all information. All blanks and questions must be completed. Your references and background will be verified.

PERSONAL

Name _____ Date _____
Address _____ Home Phone (_____) _____ - _____
City _____ State _____ Zip _____ Soc. Sec. Number _____ - _____ - _____
Position Applied For _____ Date Available _____
Type of employment desired Full-time ___ Part-time ___ Temp. ___ Co-op ___ Salary Expected _____
Can you furnish proof of your legal right to work in the United States? Yes ___ No ___
If no, explain _____

EDUCATION

Circle the highest grade completed 5 6 7 8 9 10 11 12 College 1 2 3 4 5 6 7 8

School Name	Location	Graduate? Y/N	Degree	Major	Overall GPA
High School					
Business/Trade					
College/Univ.					
Graduate School					
Other					

Subject/Title of your thesis, if applicable _____

*List any high school/college activities (honorary societies, class organizations, athletics, etc.) and offices held in those. Do not include any organizations, the name of which indicates race, religion, color, national origin, or political affiliation of its members.

*Above Information is optional

Please check specific equipment and business machines you have operated or skills you have.

- | | |
|--------------------------------|-----------------------------------|
| ? Typing _____ wpm | ? 10-Key adding machine |
| ? Statistical typing _____ wpm | ? Dictating equipment: type _____ |
| ? Technical typing _____ wpm | ? Microscopes: type _____ |
| ? Shorthand _____ wpm | ? Other _____ |

Computers/Word Processing: List the various types of computers, software and/or word processing programs with which you have worked and are familiar.

Other Equipment: List any other equipment with which you have worked and are familiar.

Describe any other special skills or qualifications you have which are related to the position for which you are applying.

PROFESSIONAL/ADMINISTRATIVE APPLICANTS

List all professional licenses and designations you hold

Type	Number/State	Current	
		Yes	No
		Yes	No
		Yes	No
		Yes	No

Have you written any technical publications? ____ Yes ____ No If yes, submit a separate page(s) listing dates published, title, co-authors, and publisher.

Describe any other experience, qualifications, education, or organizations (professional, business, civic) related to the position for which you are applying. Do not include any organization the name or character of which indicates race, religion, color, national origin, or political affiliation of its members.

MILITARY BACKGROUND

Have you ever served in the military? ____ Yes ____ No If so, Branch and type of Service _____

Rank at discharge _____

Relevant military experience _____

EMPLOYMENT HISTORY

(Do Not Use "See Resume")

Present/Last Employer _____ May we contact? _____ Phone (____) _____ - _____

Type of Company _____ Last Base Salary _____

Address _____

Dates of Employment From _____ to _____ Supervisor's Name _____ Title _____

Your Job Title _____ Description of duties _____

Reason for leaving _____

Employer _____ May we contact? _____ Phone (____) _____ - _____

Type of Company _____ Last Base Salary _____

Address _____

Dates of Employment From _____ to _____ Supervisor's Name _____ Title _____

Your Job Title _____ Description of duties _____

Reason for leaving _____

Employer _____ May we contact? _____ Phone (____) _____ - _____

Type of Company _____ Last Base Salary _____

Address _____

Dates of Employment From _____ to _____ Supervisor's Name _____ Title _____

Your Job Title _____ Description of duties _____

Reason for leaving _____

State what you did in any period not already covered above, including part-time or self-employment. List dates, name of employer and job duties, if applicable.

1. Have you previously applied to our Company for employment? ___ Yes ___ No When _____
2. Are you willing and able to travel out of town on business? ___ Yes ___ No % of time _____
3. Are you willing to relocate? ___ Yes ___ No Geographical Preference(s) _____
4. Do you have a valid drivers license? ___ Yes ___ No License # _____ State ___ Expiration _____
Has your license ever been suspended? ___ Yes ___ No If yes, when and why _____
5. Have you ever been convicted of a felony or released from prison in the past 10 years? (Note A "Yes" answer does not automatically disqualify you from employment because the nature of the offense, date and type of job for which you are applying will be considered.) ___ Yes ___ No If yes, explain details _____

Landprobe/Bunnell-Lammons Engineering, Inc. will consider various mitigating factors concerning the applicant's conviction record.

6. Do you have any commitments to another employer that might effect you employment with our Company?
___ Yes ___ No If yes, explain _____

Give names of at least two persons who are not related to you and who have not been your supervisor or employer			
Name	Address	Phone Number	Occupation

In the event that this application results in my employment with Landprobe, a wholly owned subsidiary of Bunnell-Lammons Engineering, Inc., I agree to abide by all rules and regulations of the Company. I understand that it is the policy of the Company not to hire current users of illegal substances, and therefore, will be required to successfully complete a Company drug screen as a condition of employment. I also agree to participate in periodic medical monitoring (as required). I further understand that any offer of employment is also contingent upon whether I can perform the essential functions of my job either with or without reasonable accommodation.

I hereby grant Landprobe/Bunnell-Lammons Engineering, Inc. and/or its investigative agencies permission to investigate my suitability for employment based on the information contained herein except where otherwise noted on this form. I hereby release any entity (including but not limited to schools, regulatory agencies, and organizations) or individual herein named from all liability for providing this information.

I certify that I have reviewed the foregoing information supplied by me and attest that it is true and complete to the best of my knowledge. I understand and agree that any misrepresentation or omission of facts called for on this application may be cause for refusal to hire or subsequent dismissal.

Signature

Date

To Be Filled in by Authorized Company Representative

References Checked ? Yes ? No
Education Verified ? Yes ? No
Past Employment Confirmed ? Yes ?No
Remarks _____

Signature _____ Date _____

APPLICATION DATA RECORD

Applicants and employees are treated during employment without regard to race, color, religion, sex, national origin, age, material or veteran status, medical condition or handicap/disability, or any other legally protected status.

As employers/governmental contractors, we comply with government regulations, including affirmative action responsibilities where they apply.

Solely to help us comply with government record keeping, reporting and other legal requirements, we request that you please fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment. YOUR COOPERATION IS VOLUNTARY.

PLEASE PRINT

Date _____

Position(s) Applied For _____

Referral Source

☐ Advertisement ☐ Friend ☐ Relative ☐ Walk-in ☐ Employment Agency
☐ Other _____

Name _____ Phone (____) ____ - ____
Last First Middle Area Code

Address _____
Number Street City State Zip Code

CONFIDENTIAL INFORMATION

VOLUNTARY SURVEY

Government agencies at times require periodic reports on the sex, ethnicity, handicapped/disabled, veteran, citizen status, and material status of applicants. This data is for analysis and possible affirmative action only. SUBMISSION OF INFORMATION IS VOLUNTARY. Failure to provide information will not adversely affect your application. All information in this application will be kept confidential.

Check one

☐ Male ☐ Female

Check one of the following Race/Ethnic Groups

☐ White ☐ Black ☐ Hispanic ☐ American Indian/Alaskan Native
☐ Asian/Pacific Islander

Check if any of the following are applicable

☐ Handicapped/Disabled Individual ☐ Vietnam Era Veteran ☐ Disabled Veteran