

# LLF EMPLOYMENT APPLICATION

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, religion, marital status, sexual orientation, veteran status, physical or mental disability or any other protected status.

Thank you for expressing interest in employment with Locust Lane Farms, Inc. (LLF). Please be sure to complete the entire application (even if you are submitting a resume) and sign the application where requested. Only completed applications will be considered. If you need assistance completing the application, please contact our Human Resources Department (HR@LocustLane.com). LLF will provide applicants who have disabilities with reasonable assistance and accommodations to complete the application process as well as reasonable accommodations to perform their essential job duties, provided that this does not create an undue hardship for the company. LLF is an Equal Employment Opportunity Employer.

PERSONAL	Last Name: First: Middle:		Date:
	Street Address:		Mobile Telephone:
	City, State, Zip:		Home Telephone:
	Have you ever applied for or held employment with Locust Lane Farms, Inc. in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No		Email Address:
	If yes: Month _____ Year _____		Pay Expected:
	Position/Department applying for: _____		
	Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		Will you be available to work overtime, if necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Can you, after employment begins, submit verification of your legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	NOTE: Proof of citizenship or legal authorization to work will be required upon employment.		
	Other special training, certifications or skills (languages, machine operation, etc.)		When would you be available to begin?
Have you been listed as a sexual offender or convicted of a crime in the past ten years? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", describe in full.			
NOTE: A conviction record will not necessarily be a bar to employment. Factors such as your age at the time of the offense, the seriousness and nature of the offense, rehabilitation, and relation of the offense to employment will be considered.			
Do you have a valid drivers' license? <input type="checkbox"/> Yes <input type="checkbox"/> No		Did you bring a current copy of your Driving Record? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a CDL (commercial driver's license)? <input type="checkbox"/> Yes <input type="checkbox"/> No		How many points do you have on your license? _____	

EDUCATION & TRAINING	School	Name and Location of School	Course of Study	Years Completed	Did You Graduate?	Degree of Diploma
	College/Business/Trade/Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	TRAINING, CERTIFICATIONS & Other					
	Completed OSHA 30 Hour Training? <input type="checkbox"/> Yes <input type="checkbox"/> No		Completed OSHA 10 Hour Training? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Can you read Blueprints? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you ever used a computer for work? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Have you used HCSS software? <input type="checkbox"/> Yes <input type="checkbox"/> No					
	Please list other training or certifications here:					

## EMPLOYMENT HISTORY

Please start with your current or most recent employer.

1	Company Name:		Telephone:
	Address:		Employed – (month and year)
	Name of Supervisor:		From: To:
			What was your pay rate? \$ _____
	Job Title and Description of Work:		Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Annually <input type="checkbox"/>
			Reason for Leaving:

<b>EMPLOYMENT HISTORY continued.</b>	<b>Please start with your current or most recent employer.</b>
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<b>2</b>	<b>Company Name:</b>		<b>Telephone:</b>
	<b>Address:</b>		<b>Employed – (month and year)</b>
	<b>Name of Supervisor:</b>		<b>From:</b> _____ <b>To:</b> _____ <b>What was your pay rate? \$</b> _____
			<b>Hourly</b> <input type="checkbox"/> <b>Weekly</b> <input type="checkbox"/> <b>Annually</b> <input type="checkbox"/>
<b>Job Title and Description of Work:</b>		<b>Reason for Leaving:</b>	

<b>DRUG TESTING</b>	<b>Employment/Pre-Employment Drug Screening</b>
	<p>LLF is a drug-free workplace. The Company is committed to providing a safe, efficient, and productive work environment for all employees. Using or being under the influence of drugs or alcohol on the job may pose serious safety and health risks. In an effort to support this policy, all applicants are required to participate in a pre-employment drug screening. I have read and understand that LLF is a drug-free work place and that all applicants must participate in a pre-employment drug screening.</p> <p><b>Applicant's Signature:</b> _____ <b>Date:</b> _____</p>

<b>SIGNATURE</b>	<p>I understand that the misrepresentation or omission of facts asked for is a cause for dismissal at any time without any previous notice. I hereby authorize Locust Lane Farms, Inc. to contact all schools, all previous employers (unless otherwise indicated), references, and others listed on this application or submitted for employment consideration and I hereby release Locust Lane Farms, Inc. from any liability as a result of such contact. This Application for Employment is true, correct and complete. I understand that acceptance of an offer of employment creates no obligation upon you, the employer, to continue to employ me in the future. I further understand and acknowledge that, should I be hired by Locust Lane Farms, Inc., my employment with the company shall be at-will and that my employment can be terminated by Locust Lane Farms, Inc. or myself at any time without notice, with or without cause.</p> <p><b>Applicant's Signature:</b> _____ <b>Date:</b> _____</p>
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<b>SIGNATURE</b>	<p>Under Maryland law, an employer may not require or demand, as a condition of employment, prospective employment, or continued employment, that an individual submit to or take a lie detector or similar test. An employer who violates this law is guilty of a misdemeanor and subject to a fine not exceeding \$100.</p> <p><b>Applicant's Signature:</b> _____ <b>Date:</b> _____</p>
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<b>OFFICE USE ONLY</b>			
<b>Name of Interviewer:</b>	<b>Name of Intended Direct Supervisor:</b>	<b>Recommended Pay Rate:</b> \$	<b>Start Date:</b>
<b>Interviewer Comments:</b>			<b>Completed HR orientation:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
			<b>Received a copy of LLF Employee Handbook:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Position:</b> <input type="checkbox"/> Laborer <input type="checkbox"/> Laborer/Driver <input type="checkbox"/> Heavy Equipment Operator <input type="checkbox"/> Foreman <input type="checkbox"/> Project Manager <input type="checkbox"/> Truck Driver - CDL <input type="checkbox"/> Shop Mechanic/Parts Runner <input type="checkbox"/> Office Staff			
<b>Employee Classification:</b>		<b>Department Assignment:</b>	
<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Snow Removal/Seasonal	<input type="checkbox"/> Accounting Department <input type="checkbox"/> Estimating/Project Management Department <input type="checkbox"/> Excavating Department	<input type="checkbox"/> Driver (CDL) <input type="checkbox"/> Maintenance Shop <input type="checkbox"/> Utility Department
<b>Who can we contact (friend or family) on your behalf in case of an emergency? Please list their name and a contact number.</b>			
<b>Senior Management Signature:</b>		<b>Title:</b>	<b>Date:</b>

**LOCUST LANE FARMS, INC.**

**RELEASE OF INFORMATION STATEMENT**

I \_\_\_\_\_ authorize Locust Lane Farms, Inc. to conduct a background investigation in order to assess my eligibility for a position with the company. I understand that the investigation may include verification of past employment, education, criminal record check, driving record, and opinions of references.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative report of which I am the subject upon my written request to Locust Lane Farms, Inc., as long as said request is made within a reasonable time after the date hereof. I also understand that I may receive a written summary of my rights under 15 U.S.C. Section 1681 et. seq.

I further authorize any person, business entity or governmental agency that may have information relevant to the above to discuss such information to Locust Lane Farms, Inc., including but not limited to all courts, public agencies, and law enforcement agencies regardless of whether such person, business entity or governmental agency compiled the information itself or received it from another source. I release Locust Lane Farms, Inc., and all other persons, business entities, and government agencies from liability on account of such disclosure.

I authorize that a photocopy of my signature below may be used to obtain information regarding the investigation. This authorization is valid for a period of one (1) year or until employment is terminated whichever occurs first.

\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
Printed Name of Candidate

\_\_\_\_\_  
Date