

LLF SHORT 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: _____	Cellular 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 _____	
	Position/Department applying for: _____	Pay Expected: _____
	Are you over 18 years of age? <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.	Will you be available to work overtime, if necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No
	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 Do you have a CDL (commercial driver's 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 How many points do you have on your license? _____	

EMERGENCY CONTACT

NAME	BEST CONTACT NUMBER	RELATIONSHIP

OFFICE USE ONLY – AFTER OFFER OF EMPLOYMENT HAS BEEN MADE

Name of Interviewer: _____	Name of Intended Direct Supervisor: _____	Recommended Pay Rate: \$ _____	Start Date: _____
Interviewer Comments: _____			Completed HR orientation: <input type="checkbox"/> Yes <input type="checkbox"/> No
Position: <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"/> Pipe Layer <input type="checkbox"/> Truck Driver - CDL <input type="checkbox"/> Shop Mechanic/Parts Runner <input type="checkbox"/> Office Staff			Received a copy of LLF Employee Handbook: <input type="checkbox"/> Yes <input type="checkbox"/> No
Employee Classification:		Department Assignment:	
<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
Senior Management Signature: _____		Title: _____	Date: _____
Driver's License #, State and Expiration Date: _____		DOB: _____	Social Security #: _____