



Landon, Moree & Associates, Inc.
 Civil & Environmental Engineers
 Planners- Surveyors

31622 U.S. Highway 19 North
 Palm Harbor, Florida 34684
 Phone (727) 789-5010
 Fax (727) 787-4394
 www.LMAENGR.COM

Application For Employment

(PLEASE PRINT)

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religious persuasion, marital status, political belief, or disability that does not prohibit performance of essential job functions.

Position(s) Applied For: _____	Date of Application: _____
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How Did You Learn About Us?
 Advertisement Friend Walk-In
 Employment Agency Relative Other _____

Last Name: _____ First Name: _____ Middle Name: _____
 Address: _____ City: _____ State: _____
 Home Telephone Number: _____ Alternate Telephone Number: _____ Social Security Number: _____

Are you currently employed? Yes No

May we contact your current employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No
 Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____ Salary / Rate Per: _____

Are you available to work: Full-Time Part-Time Shift-Work Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Are you 18 years of age or older? Yes No
 If "No" indicate date of birth: ____ / ____ / ____

Do you possess a valid drivers license? Yes No
 If "Yes", Driver License Number: _____ Class _____ State _____

LMA conducts a thorough backround check; answers inconsistent with the backround check may disqualify you from consideration.

Have you ever been discharged or asked to resign from employment? Yes No

Have you ever been convicted of a crime? Yes No

Are you currently under arrest for any crime which has yet to be adjucacaded, or is pending trial? Yes No

Have you ever pleaded nolo nontendere (no contest) to a crime? Yes No

Has a court ever withheld adjudication after you where charged with a crime? Yes No

Are you currently using illegal drugs? Yes No

Answering "Yes" to any of these questions may not necessarily disqualify you from the position desired. Each action and explanation will be considered in relationship to the position for which you are applying. Explain the specific circumstances (attach supplemental sheet if necessary):

Education

Name and Address of School	City / State	Course of Study	Years Completed	Diploma or Degree

Describe any specialized training, skills, and extra-curricular activities.

References

1. Name: _____ Phone: _____ Address: _____ State: _____ Zip: _____
2. Name: _____ Phone: _____ Address: _____ State: _____ Zip: _____
3. Name: _____ Phone: _____ Address: _____ State: _____ Zip: _____
4. Name: _____ Phone: _____ Address: _____ State: _____ Zip: _____
5. Name: _____ Phone: _____ Address: _____ State: _____ Zip: _____

Employment Experience

Start with your present or last job. Include any job related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer:		Dates Employed From _____ To _____	Work Performed
Address:		City: _____ State: _____	
Telephone Numbers:		Hourly Rate/ Salary Starting / Final	
Job Title:	Supervisor:	/	

Reason for Leaving:

Employer:		Dates Employed From _____ To _____	Work Performed
Address:		City: _____ State: _____	
Telephone Numbers:		Hourly Rate/ Salary Starting / Final	
Job Title:	Supervisor:	/	

Reason for Leaving:

Employer:		Dates Employed From _____ To _____	Work Performed
Address:		City: _____ State: _____	
Telephone Numbers:		Hourly Rate/ Salary Starting / Final	
Job Title:	Supervisor:	/	

Reason for Leaving:

Employer:		Dates Employed From _____ To _____	Work Performed
Address:		City: _____ State: _____	
Telephone Numbers:		Hourly Rate/ Salary Starting / Final	
Job Title:	Supervisor:	/	

Reason for Leaving:

If you need additional space, please continue on back of this sheet.

Applicant Acknowledgement

I understand that:

- All statements made by me in connection with my application for employment may be verified by LMA.
- Any misstatements or material omissions of information may result in refusal to hire or, if hired, immediate discharge.
- LMA is a drug-free work place. As a condition of my employment and continued employment, I may be required to submit to any testing for the presence of drugs or alcohol, as permitted by law.
- I do not have a contract for employment, and if hired, my employment is on an "at will" basis.

I agree that:

- Upon notification or offer of employment to a position that may require drug testing, as permitted by law, I will voluntarily submit to any testing for the presence of drugs or alcohol, or other testing to further assess my qualification for employment.
- If hired, I have the right to terminate my employment at any time, with or without cause, and with or without notice, unless otherwise prohibited by federal or state law.
- If hired, LMA may terminate my employment at any time, with or without cause, and with or without notice, unless otherwise prohibited by federal or state law.
- If hired, I will provide LMA, within 30 days of my hire date, with official verification of any degree, license, registration or certificate I claim to possess.
- If hired, I will conform to federal law, state statutes, LMA policies, LMA personnel guidelines and any other regulating measures utilized by LMA, and I acknowledge that any such guidelines and any other regulating measures may, at any time, be changed relative to scope or content, interpreted, or withdrawn at any time at the sole discretion of LMA without prior notice to me.

Initials: _____

I authorize:

LMA to contact my present and prior employers, and other sources of information, and direct each such employer and source of information to answer any and all questions regarding my prior employment.

Initials: _____

I hereby release LMA and any individual, company or institution that provides LMA with information from and all liability for any damage that may result from the investigation, use or disclosure of such information. I hereby indemnify and hold harmless LMA, former employers and each other source of information contacted from any claims arising from this authorization and direction.

Initials: _____

I certify that the information presented in this employment application and all other materials I have submitted for consideration are true and correct to the best of my knowledge.

Initials: _____

I HEREBY REPRESENT AND WARRANT that I have read and fully understand the foregoing and seek appointment, under the above noted terms and conditions, of my own free will and in accordance with my own sound judgment.

Applicant Signature _____ Date _____

BACKGROUND RESEARCH RELEASE

Please read this section carefully and acknowledge your understanding by signing in the space below.

I certify that all of the statements made by me on this application for employment are true, correct and complete to the best of my knowledge.

1. Consent to Conduct Background Investigation

As a condition of and in consideration for Landon, Moree & Associates, Inc.'s (LMA, Inc.) consideration of this application I give permission to LMA, Inc. to investigate my personal and employment history. I understand that this background information will include, but not limited to, verification of all information on this application, as well as interviews with past employers I further give permission to LMA, Inc. to conduct this investigation and to discuss the results of this investigation in connection with my application for employment.

2. Consent to Contact Past Employers

I give permission to LMA, Inc. to contact all employers listed in this application (except those specifically excluded) for references. I further give permission to all current or previous employers and/or managers or supervisors to discuss my relevant personal and employment history with LMA, Inc. consent to release of such information orally or in writing, and hereby release them from all liability and agree not to sue them for defamation or other claims based upon any statements they make to any representative of LMA, Inc. I further waive all rights I may have under state law to receive a copy of any written statement provided by any of my former employers to LMA, Inc. I further agree to indemnify all past employer any liability they may incur because of their reliance upon this release.

3. Consent to Contact Government Agencies

I give permission to any agent or representative of LMA, Inc. to receive a copy of any information obtained in the file of any federal, state or local court, governmental agency, law enforcement agency or investigator concerning or relating to me. I further consent to the release of such information. In the event a state law does not provide for prospective employers to have access to information, I hereby delegate LMA, Inc. as my agent for receipt of information. I understand that the scope of this investigation will be limited to criminal and/or civil records that relate to my honesty, integrity and, or abilities.

4. Cooperation with Investigation

I agree to fully cooperate in LMA, Inc.'s background investigation, and to any waivers or releases that may be necessary to obtain access to relevant information. In the event that any employer or federal, state or local governmental agency will not release reference information or criminal history information directly to the employer, I agree to personally request such information to the extent permitted by law.

5. Falsification Statement

I understand that any falsification or willful omission of fact made in this application or in connection with any background investigation may be sufficient grounds for rejection of this application or, if discovered after an offer of employment, for immediate dismissal.

6. Employment "At Will"

In consideration of my employment, I agree to conform to the rules and regulations of LMA, Inc. and my employment and compensation is "at will" in that I can be terminated with or without cause, and with or without notice, at any time, at the option of either LMA or myself, except as otherwise provided by law. I understand that no manager or representative of LMA other than the President of LMA, Inc. has authority to enter into any agreement for employment for any specified period of time or to make any agreement or contract to the foregoing, and that any promises to the contrary will only be relied upon by me if they are in writing and signed by the President of LMA, Inc.

Applicant's Signature

Date