



LandArt, Inc.

3808 E. Sell St. Wausau, WI 54403
(715) 842-0619

Employment Application

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the company.

Applicant Information

Position Applied for: _____ Application Date: ____/____/____

Full Name: _____

Last *First* *M.I.*

Address: _____

Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Phone: () - Social Security No: - -

If Under 18, and it is required, can you furnish a work permit? YES NO

If No, please explain: _____

Have you ever worked for this company? YES NO

Are you legally eligible for employment in the country? YES NO

Date Available: _____ Are you employed? YES NO

Type of employment desired Full-time Part-time Temporary Seasonal Co-Op

Have you been convicted of a crime in the last seven (7) years? YES NO

If yes, please explain: _____

Conviction will not necessarily be bars to employment each instance/explanation will be viewed in relation to you are applying.

Skills and Qualifications

Summarize any training, licenses, and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

Educational Background

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Provide the names of at least three (3) persons not related to you, whom you have known at least one year.

Full Name: _____ Relationship: _____

Company: _____ Phone: () - _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () - _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () - _____

Address: _____

Previous Employment

Provide the following information for your past employers, assignments, or volunteer activities, starting with the most recent

Company: _____ Phone: () - _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Pay: \$ _____ Ending Pay: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () - _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Pay: \$ _____ Ending Pay: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () - _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Pay: \$ _____ Ending Pay: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

LandArt, Inc.

REQUEST TO ORDER MOTOR VEHICLE RECORD

The company, as part of your job-related responsibilities, requests your permission to obtain your motor vehicle record from the Department of Transportation.

DRIVER'S LICENSE INFORMATION

Full Name:

Last First M.I.

Address:

Street Address Apartment /Unit #

City State Zip

Driver's License Number:

_____ State: _____

Date Of Birth: ____ / ____ / _____ Social Security No: ____ - ____ - _____

DRIVER AUTHORIZATION

I HEREBY AUTHORIZE LANDART, INC. TO OBTAIN A MOTOR VEHICLE RECORD FOR THE PURPOSES OF UTILIZING A COMPANY PROVIDED VEHICLE OR AS PART OF MY JOB RESPONSIBILITIES TO DRIVE NON-OWNED VEHICLES FROM ONE PLACE TO ANOTHER.

Print First and Last Name

Signature