

For Office Use Only:	REQ#
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Employment Application

AN EQUAL OPPORTUNITY & AFFIRMATIVE ACTION EMPLOYER

FEDERAL LAW OBLIGATES US TO PROVIDE REASONABLE ACCOMMODATION TO THE KNOWN DISABILITIES OF APPLICANTS AND EMPLOYEES, UNLESS TO DO SO WOULD POSE AN UNDUE HARDSHIP. PLEASE FEEL FREE TO LET US KNOW IF YOU NEED AN ACCOMMODATION TO COMPLETE THE APPLICATION PROCESS OR TO PERFORM ANY ESSENTIAL ELEMENTS OF THE POSITION SOUGHT. Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, natural origin, age (over 40), disability or any other prohibited basis of discrimination, as provided under applicable state and federal law.

PERSONAL INFORMATION

Last Name		Middle Initial	First Name				
Current Address			City	State	Zip		
Phone	Area Code	Number	Business Phone	Area Code	Number		
If OK to use							
Referred by:							
Agency (Specify)		Newspaper	LAN Website	Tech Journal	LAN Employee Referral	Friend	Other (Specify job boards etc.)
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name and relationship of any relatives employed here				Names of any acquaintances employed here			
E-Mail Address							

Languages other than English:

Are you legally authorized to work for any employer in the U.S. without sponsorship? Yes No If hired, you will be required to submit documents sufficient to establish employment authorization and identity in compliance with the Immigration Reform and Control Act of 1986. While you need not provide this proof of citizenship or immigration status at the time you are interviewed, please be prepared to assure us that you can do so immediately upon being hired.

EMPLOYMENT INTEREST

Position(s) Desired	Select one: <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temporary <input type="checkbox"/> Summer
Have you ever applied for employment with LAN? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____ Where? _____	When can you start employment?
What is your current employment status? <input type="checkbox"/> Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Unemployed	May we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you willing to travel? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, What percent of time?	What is your expected salary? Amount \$ _____ per _____

EDUCATION

Type of school	Name	City	Location State	Type of Degree	Major	Minor	Rank in Class (Top 10% etc.)
High School							
College(s)							
Grad School(s)							
Other Schools or Courses							

Scholarships, fellowships, etc.:

Honors, Honorary Societies, any offices held, etc.:

PROFESSIONAL AFFILIATIONS AND REGISTRATIONS

List any professional affiliations and any offices held (use a separate sheet or the back of this page if necessary) :

Registrations

Type	Seal or stamp?	State or country	Mo/Yr Granted	Reg. No.	Type	Seal or stamp?	State or country	Mo/Yr Granted	Reg. No.

CRIMINAL CONVICTIONS

Have you been convicted of a felony? Yes No [Conviction may not necessarily disqualify you from employment. The recency, severity, and pertinence of the conviction to the job will all be considered. For purposes of employment with LAN, "convictions" include sentenced to confinement, paid fine, time served, and court-ordered restitution.]

EMPLOYMENT HISTORY – LIST YOUR LAST THREE EMPLOYERS BEGINNING WITH THE MOST RECENT

Present or last position		Name of Company		From Month/Year	To Month/Year
Street Address		City		State	Zip
Duties:			Reason for leaving:		
Starting Pay Amount \$ _____ per _____		Ending Pay Amount \$ _____ per _____		Bonus	
Name of Supervisor		Title of Supervisor		Phone number of Supervisor	
Position		Name of Company		From Month/Year	To Month/Year
Street Address		City		State	Zip
Duties:			Reason for leaving:		
Starting Pay Amount \$ _____ per _____		Ending Pay Amount \$ _____ per _____		Bonus	
Name of Supervisor		Title of Supervisor		Phone number of Supervisor	
Position		Name of Company		From Month/Year	To Month/Year
Street Address		City		State	Zip
Duties:			Reason for leaving:		
Starting Pay Amount \$ _____ per _____		Ending Pay Amount \$ _____ per _____		Bonus	
Name of Supervisor		Title of Supervisor		Phone number of Supervisor	
Position		Name of Company		From Month/Year	To Month/Year
Street Address		City		State	Zip
Duties:			Reason for leaving:		
Starting Pay Amount \$ _____ per _____		Ending Pay Amount \$ _____ per _____		Bonus	
Name of Supervisor		Title of Supervisor		Phone number of Supervisor	

LIST THREE REFERENCES – CURRENT AND PREVIOUS SUPERVISORS THAT MAY BE CONTACTED

Name	Contact Address	Phone – Use business if OK	Your association	Years known
Name	Contact Address	Phone – Use business if OK	Your association	Years known
Name	Contact Address	Phone – Use business if OK	Your association	Years known

APPLICANT'S STATEMENT AND SIGNATURE

These answers are true and complete to the best of my knowledge. LAN may investigate all statements contained in this application, and I understand that any false or misleading information provided during the application or interview process will result in my immediate discharge if I am hired, regardless of when discovered.

I UNDERSTAND THAT THIS APPLICATION IS NOT A CONTRACT OF EMPLOYMENT. I ALSO UNDERSTAND THAT, IF HIRED, REGARDLESS OF ANY ORAL REPRESENTATIONS TO THE CONTRARY, THE EMPLOYMENT RELATIONSHIP BETWEEN ME AND THE COMPANY IS TERMINABLE AND AT-WILL AND THAT BOTH THE COMPANY AND I REMAIN FREE TO CHOOSE TO END OUR WORKING RELATIONSHIP, AT ANY TIME, FOR ANY REASON, OR FOR NO REASON. ANY CHANGES IN THIS EMPLOYMENT RELATIONSHIP MUST BE MADE IN WRITING.

I understand drug or alcohol tests may be required during the course of my employment with LAN. I authorize LAN to make a thorough investigation of my background, including criminal history, past employment, education, and job-related activities; and I release from all liability all persons, companies, and corporations providing such information, either in writing or orally. I also indemnify LAN against any liability which might result from making such investigation.

I agree to immediately notify LAN if I am convicted of, receive deferred adjudication in, or otherwise plead guilty or no contest to a felony, or any crime involving dishonesty or a breach of trust, while my application is pending or during my period of employment, if hired.

Additionally, I authorize LAN to supply my employment record, in its sole discretion, in whole or in part, to any prospective employer, government agency, or other party, with an interest that the Company deems appropriate. I hereby release LAN and its representatives from any and all liability which may result from the release of such records.

Signature

Date



Affirmative Action Form

Government Agencies require reports on status of applicants including veterans (Vietnam Era Veterans' Readjustment Assistance Act of 1974) and qualified individuals with disabilities (Section 503 or the Rehabilitation Act of 1973). Information that you submit about your disability will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of qualified individuals with disabilities and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if the condition might require emergency treatment; and (iii) government officials engaged in enforcing laws administered by OFCCP or the Americans with Disabilities Act, as amended, may be informed. This data is for analysis and affirmative action only. Submission is voluntary. **Failure to supply this information will not jeopardize or adversely affect any consideration you may receive for employment, or later advancement in employment.**

Sex:	Male	Female	
Race/Ethnicity:	White	Black	Hispanic
	American Indian	Asian/Pacific Islander	Other
Veteran:	Special Disabled Veteran	Vietnam Veteran	Other Protected Veteran
	Accommodation Required	No Accommodation Required at this time	

Name: _____ Phone: _____
Last First Middle

Address: _____
Street City State Zip Code

Please identify where you learned about an employment opportunity with this organization.

- | | |
|---------------------------------|-------------------|
| Agency (Specify) _____ | Newspaper ad |
| LAN Website | Technical Journal |
| LAN Employee Referral | Friend |
| Other (Specify job boards etc.) | LAN Recruiter |
