



LANDSCAPE IMAGES, LTD.

(An Equal Employment Opportunity Employer)

655 Central Avenue

Jefferson, LA 70121

(504)734-8380

DATE: _____

Application for Employment

(Please Print Clearly)

Fill in all spaces. If an item does not apply, write "none." This application will be considered active for 30 days from this date. You must complete your own application. Applicants with disabilities who desire accommodation in completing the application are invited to discuss their needs with us. If an answer requires additional space, please ask for additional sheets.

LAST NAME	FIRST NAME	SOCIAL SECURITY NUMBER

PRESENT ADDRESS	CITY	STATE AND ZIP	AREA CODE	PHONE NUMBER
			()	

POSITION APPLIED FOR	DATE AVAILABLE
Full Time _____ Part Time _____	

If part time, please indicate days/hours available:

ADDRESSES FOR THE LAST FIVE YEARS

ADDRESS	FROM	TO

How did you come to apply? (circle answer)

Employee Referral

College Recruitment

Former Employee

Newspaper Ad

High School Recruitment

Other _____

If hired, will you work overtime if required? Yes No

Have you or a relative ever worked for the Company? Yes No If yes, please state dates of employment:

Have you applied to the Company before? Yes No _____

Do you have the legal right to work in the United States? Yes No

Proof of citizenship or immigration will be required upon employment. Form I-9 must be submitted, verified and completed no later than three business days after date of hire per the Immigration Reform and control Act of 1986.

Have you ever been convicted of a crime? Conviction will not necessarily disqualify an applicant from employment. Yes No
If yes, please explain.

You will be required to submit to a drug screening. Are you willing to do so? Yes _____ No _____

Have you received any job-related training in the US Military Yes No Describe training received _____

Please state whether you are 21 years of age or older. Yes No

Do you have a valid Driver's license? Yes No License # _____ Expires _____ State _____

Can you with or without reasonable accommodation perform the essential functions of this job? (If you have any questions about the functions of the job, please ask the interviewer before answering this question.) Yes No

EDUCATION	NAME AND ADDRESS OF SCHOOL	HIGHEST LEVEL COMPLETED	COURSE OF STUDY	GRADUATED (YES/NO)	DIPLOMA OR DEGREE
HIGH SCHOOL		9 10 11 12			
COLLEGE OR UNIVERSITY					
OTHER (SPECIFY)					

Do you hold any licenses or certifications? If so, please describe fully including expiration dates where appropriate.

List any work-related seminars or courses of training attended including dates of attendance

Have you ever been bonded in prior employment? If yes, list the employer(s): _____

Is any information necessary to enable a check of your records such as a name change, use of an assumed name or nickname? Please describe: _____

PERSONAL REFERENCES WHO ARE NOT RELATIVES OR FORMER EMPLOYERS

Name	Telephone Number	Occupation	Years Known
1 _____			
2 _____			
3 _____			
4 _____			

EMPLOYMENT HISTORY

Are you currently employed? Yes No May we contact your present employer? Yes No

Start with present of last employer and list below all present and past employment. Attach additional sheet if needed.

Name , Address and Telephone	Starting Position	Name of Supervisor	Reason for Leaving
Area Code ()	Final Position	Dates Employed From: (Month & Year) To: (Month & Year) _____	
	Rate of Pay		
	Start \$ Per _____ Final \$ Per _____		

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	Rate of Pay		
	Start \$ Per _____ Final \$ Per _____		

IMPORTANT: READ CAREFULLY

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for rejection or immediate dismissal. Routine inquiry may be made during initial or subsequent processing which will provide applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon request, additional information as to the nature and scope of the inquiry has been provided to me.

I understand that the use of this form does not indicate that there are positions open and does not in any way obligate the Company. If employed, I will comply with the Company's rules and regulations. Further, I understand and agree that my employment is for no definite period of time and may, regardless of the date of payment of my wages and salary, be terminated at any time, for any reason, without notice. No person other than the President of the Company may modify or amend the provisions stated herein.

I understand that my employment may be conditioned upon a health evaluation which may include a physical examination by a doctor selected by the Company. This health evaluation may also include a test for drugs and alcohol. By signing this application, I hereby agree to submit to such examinations and tests and release all persons and companies from any liability arising out of such examinations and tests.

I hereby authorize release of any information regarding any criminal convictions that may exist against me, and ask my former employer(s) and all other persons named herein who might have information concerning me to give any information regarding my former employment or any other information they may have regarding me whether or not the same is a matter of record, and I hereby release them and each of them from any liability for any damage whatsoever which I could or might claim because of such disclosure.

I certify that all statements made by me on this application are true and complete and understand that any provision of false or misleading employment information may result in a refusal to hire or, if discovered after commencement of employment, in discipline or discharge.

I hereby acknowledge that I have read and understand the above statement.

DATE

SIGNATURE

