



Application for Employment

EXPERIENCE

Starting with your most recent job, describe all paid positions. Use additional pages if necessary.

1. Title:		
Employer:		
Address:		
Phone:		
Type of business:		
Immediate supervisor:		
Dates of employment: From:	To:	Full Time: <input type="checkbox"/> Part Time: <input type="checkbox"/>
<input type="checkbox"/>		
Reason for leaving:		
May we contact employer for a reference? Yes: <input type="checkbox"/> No: <input type="checkbox"/>		

2. Title:		
Employer:		
Address:		
Phone:		
Type of business:		
Immediate supervisor:		
Dates of employment: From:	To:	Full Time: <input type="checkbox"/> Part Time: <input type="checkbox"/>
<input type="checkbox"/>		
Reason for leaving:		
May we contact employer for a reference? Yes: <input type="checkbox"/> No: <input type="checkbox"/>		

3. Title:		
Employer:		
Address:		
Phone:		
Type of business:		
Immediate supervisor:		
Dates of employment: From:	To:	Full Time: <input type="checkbox"/> Part Time: <input type="checkbox"/>
<input type="checkbox"/>		
Reason for leaving:		
May we contact employer for a reference? Yes: <input type="checkbox"/> No: <input type="checkbox"/>		



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EXPERIENCE (continued)

In narrative form, describe your special skills, talents, volunteer work or training that would help us evaluate your application.

SECURITY CLEARANCE

Clearance Held:	
Active/Inactive:	Clearance Dates:

REFERENCES

List the names and addresses of three people (not related to you) whom we may contact for information about your qualifications.

1. Name/Title:		
Company:	Work Phone: ()	
Address:		
City:	State:	Zip Code:
Relationship to you:		

2. Name/Title:		
Company:	Work Phone: ()	
Address:		
City:	State:	Zip Code:
Relationship to you:		

3. Name/Title:		
Company:	Work Phone: ()	
Address:		
City:	State:	Zip Code:
Relationship to you:		



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MISCELLANEOUS DATA

1. If you are hired, you may be required to have a criminal records background check. Is this acceptable to you? Yes: No:

2. Is there anything that would interfere with your ability to successfully perform the duties of this position? Yes: No:

If yes, please specify:

3. List person to be contacted in case of emergency:

Name:	
Address:	
Phone:	Alternate phone:
Relationship to you:	

4. How were you referred to LTE LLC?

<input type="checkbox"/> LTE Website	
<input type="checkbox"/> Job Posting	Name of newspaper/website/other:
<input type="checkbox"/> Employee Referral	Name of employee:
<input type="checkbox"/> Other	

5. United States Military Service Information

Branch of Service:	
Dates From:	To:
Rank:	
Type of Discharge:	
Training/Experience Received:	



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SWORN DISCLOSURE STATEMENT

I hereby affirm that the above information is true and complete to the best of my knowledge. I understand that it may be subject to verification. Should I be employed by LTE LLC, any misrepresentation or false statement made on this application may be considered cause for possible dismissal. LTE LLC has my permission to obtain all necessary information from the references I have listed concerning my prior employment. I release all parties from any possible damages resulting from disclosing such information with or without prior written notice from me.

If hired, I understand this application is considered a contract. I am considered an at will employee and may be terminated by LTE LLC at any time.

Applicant's Signature:

Date:

By typing your name in the signature line, this represents your legal signature.
This application is valid for one year.
