



**APPLICATION FOR EMPLOYMENT**

Linescape of Washington, LLC is an equal opportunity employer dedicated to a policy of non-discrimination in employment on any basis, including age, sex, color, race, creed, national origin, religion, marital status, sexual orientation, political belief, or disability.

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity within three (3) days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

Full Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address (if different): \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_ Date of Hire: \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Exp: \_\_\_\_\_

**Employment Record (attach sheet if more space is needed)**

Last Employer: Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_

Reasons for Leaving: \_\_\_\_\_

Second Last Employer: Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_

Reasons for Leaving: \_\_\_\_\_

Any gaps in employment and/or unemployment must be explained. Include dates (month/year) and reason:

Third Last Employer: Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_

Reasons for Leaving: \_\_\_\_\_

**Have you been convicted of a crime in the last 7 years?      Yes      No**

**If Yes, please explain:** \_\_\_\_\_

**To be read and signed by applicant:**

I authorize you to make sure investigations and inquiries to employment and other related matters as may be necessary in arriving at an employment decision. I hereby release employers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT'S SIGNATURE