

List the names of employers in consecutive order with present or last employer listed first. Account for all periods including military services. If self-employed, give firm name and supply additional references. **PLEASE GIVE BOTH MONTH AND YEAR**

WORK HISTORY

| | | | | |
|---------------------------|-------------|---------------------|-----------------|------|
| Name of Employer: | | Dates Employed: | | |
| Address: | | From: | Month | Year |
| City, State, Zip | | To: | Month | Year |
| Telephone | Your Title: | Pay: | Starting: \$ | |
| Nature of Business: | | | Ending: \$ | |
| Name/Title of Supervisor: | | Reason for Leaving: | | |
| Duties: | | | | |
| | | | | |
| Name of Employer: | | Dates Employed: | | |
| Address: | | From: | Month | Year |
| City, State, Zip | | To: | Month | Year |
| Telephone | Your Title: | Pay: | Starting: \$ | |
| Nature of Business: | | | Ending: \$ | |
| Name/Title of Supervisor: | | Reason for Leaving: | | |
| Duties: | | | | |
| | | | | |
| Name of Employer: | | Dates Employed: | | |
| Address: | | From: | Month | Year |
| City, State, Zip | | To: | Month | Year |
| Telephone | Your Title: | Pay: | Starting: \$ | |
| Nature of Business: | | | Ending: \$ | |
| Name/Title of Supervisor: | | Reason for Leaving: | | |
| Duties: | | | | |
| | | | | |
| Name of Employer: | | Dates Employed: | | |
| Address: | | From: | Month | Year |
| City, State, Zip | | To: | Month | Year |
| Telephone | Your Title: | Pay: | Starting: \$ | |
| Nature of Business: | | | Ending: \$ | |
| Name/Title of Supervisor: | | Reason for Leaving: | | |
| Duties: | | | | |

Please explain all periods of unemployment:

Have you ever been disciplined associated with theft? _____ Yes _____ No

If yes, please explain:

Have you ever been terminated from employment? _____ Yes _____ No

If yes, please explain:

Have you ever served in the military? _____ Yes _____ No

Branch of Service: _____ Final Rank: _____

EDUCATION

| List All Schools Attended | Name & Address of School | No. of Years | Graduated | Degree of Type of Diploma | Major Course of Study |
|---------------------------|--------------------------|--------------|-----------|---------------------------|-----------------------|
| High School | | | | | |
| College/University | | | | | |
| College/University | | | | | |
| Graduate School | | | | | |
| Business/Technical | | | | | |

If you have not graduated from high school, do you have a GED? _____ Yes _____ No

No. of test _____ Date of Test _____ Place taken _____

List any scholarships, academic honors, awards or special achievements:

List languages which you speak proficiently:

List languages which you read proficiently:

Special Skills

List those skills and abilities (personal skills, qualities, work style, interpersonal ability, communication, et.) you feel particularly qualify you for a position with us:

ADDITIONAL TERMS AND CONDITIONS OF EMPLOYMENT

Affidavit

Initials:

_____ I certify that the answers given by me to the foregoing questions and statements on the employment application and/or during the employment interview process are true and correct without any consequential omissions of any kind whatsoever. I understand that any misleading or incorrect statements may render this application void and, if employed, would be cause for my termination. I further agree that the Company shall not be liable in any respect if my employment is terminated because of falsity of statements, answers or omissions made by me in this application.

_____ I understand that this application is designed for use with several types of jobs and some questions may not be completely applicable to the position for which I am applying.

_____ I authorize the companies, schools, persons or entities given during the employment process, and the employer (if employed), while employed or during internal investigations, as references or past employers or affiliations, to give any information regarding my employment, character, qualifications, certifications and licenses, and hereby release said companies, schools, persons or entities from all liability for any damage for issuing this information. A favorable result may be a condition of employment, commencement, or continuation of any employment duties where elements are job-related.

_____ I realize that operating conditions may required me to work shifts or work hours scheduled other than the one for which I am applying and I agree to such scheduling change as directed by my supervisor or the management.

_____ I understand that my employment is not for a specified or definite term and that I may resign, or I may be discharged, at any time, for any reason, with or without good cause and with or without prior notice. I further understand that this policy cannot be changed or amended except by written agreement signed by me and by a corporate office. I understand that this is an application for employment and that no employment contract is being offered.

_____ I understand that only United States citizens or aliens who are legally entitled to work in the United States are eligible for employment.

_____ My employment shall be in accordance with the terms of this application, all safety and incident reporting rules, and all other Company rules and regulations. The Company shall have the right to amend, modify, or revoke its rules and regulations at any time. I will familiarize myself promptly with such rules and regulations and will abide and be bound by the rules and regulations now or hereafter in effect.

_____ I understand and agree that Land of Lights, Inc is an equal employment opportunity employer which does not discriminate against any applicant or employee because of his or her race, sex, national origin, religion, disability, marital status, age, sexual orientation or other category protected by law.

_____ I certify that as a part of the application process I have had the opportunity to discuss the requirements for the position I am applying for. I certify that I understand each requirement and that I am capable of meeting each and every requirement.

Signature: _____

Date: _____

Printed Name _____