

LAND SPAN, INC. EMPLOYMENT APPLICATION



Land Span, Inc., located at 1120 Griffin Road, Lakeland, FL 33805, is an equal opportunity employer and does not discriminate in hiring or employment on the basis of race, color religious creed, national origin, age, sex, marital status, physical or mental handicap or veteren's status. **All Statements on this application will be verified.** Any misrepresentation or ommission may be grounds for discualification for employment consideration or continued employment.

- PRINT NEATLY IN INK -

SOCIAL SECURITY NUMBER	CIRCLE ONE: MR MRS Ms MISS	LAST NAME	FIRST NAME			MIDDLE NAME
HOME ADDRESS	CITY	COUNTY	STATE	ZIP	HOME PHONE ()	
MAILING ADDRESS (IF DIFFERENT FROM HOME ADDRESS)	CITY	COUNTY	STATE	ZIP	OTHER PHONE(S)/TYPE? () ()	
HOW DID YOU HEAR ABOUT US? (CHECK ONE)						
<input type="checkbox"/> ADVERTISEMENT <input type="checkbox"/> AGENCY <input type="checkbox"/> WALK-IN <input type="checkbox"/> EMPLOYEE REFERRAL (NAME: _____) <input type="checkbox"/> OTHER (LIST): _____						

List any friends/relatives employed by Land Span:

Name _____ Relationship _____

Name _____ Relationship _____

- Yes No Are you at least 18 years old?
 Yes No Are you legally eligible to work in the U.S.?
 Yes No Have you ever applied at Land Span before? If yes, where and when? _____
 Yes No Have you ever been employed by Land Span? If yes, where and when? _____

EDUCATION

	SCHOOL NAME	CITY	STATE	CREDIT HOURS COMPLETED	GPA	DEGREE RECEIVED	CERTIFICATE RECEIVED
HIGH SCHOOL				N/A			
COLLEGE							
COLLEGE							
OTHER							

List any special equipment you can operate (eg. forklift, office equipment) _____

List any computer software you can use _____

List any additional training, seminars etc. _____

List any foreign languages you can speak/write _____

Positon applied for _____

Date available to start _____ List any days and/or hours you are **NOT** able to work: _____

To be completed after job offer made:

Emergency Contact: _____ Relationship to you: _____

Address: _____

Phone No.: _____ Other Phone No.: _____

EMPLOYMENT HISTORY

List **complete** employment history beginning with your current or most recent employer. For any unemployed or self-employed periods over three months, show dates and location. Give full details for any discharge. Attach additional sheet(s) if necessary.

Note - When applying for a position as a **commercial driver**, DOT requires that you supply the motor carrier with a minimum of 10 years of employment history.

EMPLOYER		OK TO CONTACT?	DATES EMPLOYED		SUPERVISOR/CONTACT NAME
			FROM MM/YY	TO MM/YY	
ADDRESS (STREET)			HOURLY RATE/SALARY		<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> SEASONAL
			STARTING	FINAL	
CITY	STATE	ZIP		YOUR TITLE/JOB CLASSIFICATION	
COUNTY	TELEPHONE (INCLUDE AREA CODE)			WORK PERFORMED	
DRIVERS ONLY: WERE YOU SUBJECT TO THE FMCSR?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	REASON FOR LEAVING	
WERE YOU SUBJECT TO DOT DRUG AND ALCOHOL TESTING?		<input type="checkbox"/> YES	<input type="checkbox"/> NO		

EMPLOYER		OK TO CONTACT?	DATES EMPLOYED		SUPERVISOR/CONTACT NAME
			FROM MM/YY	TO MM/YY	
ADDRESS (STREET)			HOURLY RATE/SALARY		<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> SEASONAL
			STARTING	FINAL	
CITY	STATE	ZIP		YOUR TITLE/JOB CLASSIFICATION	
COUNTY	TELEPHONE (INCLUDE AREA CODE)			WORK PERFORMED	
DRIVERS ONLY: WERE YOU SUBJECT TO THE FMCSR?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	REASON FOR LEAVING	
WERE YOU SUBJECT TO DOT DRUG AND ALCOHOL TESTING?		<input type="checkbox"/> YES	<input type="checkbox"/> NO		

EMPLOYER		OK TO CONTACT?	DATES EMPLOYED		SUPERVISOR/CONTACT NAME
			FROM MM/YY	TO MM/YY	
ADDRESS (STREET)			HOURLY RATE/SALARY		<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> SEASONAL
			STARTING	FINAL	
CITY	STATE	ZIP		YOUR TITLE/JOB CLASSIFICATION	
COUNTY	TELEPHONE (INCLUDE AREA CODE)			WORK PERFORMED	
DRIVERS ONLY: WERE YOU SUBJECT TO THE FMCSR?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	REASON FOR LEAVING	
WERE YOU SUBJECT TO DOT DRUG AND ALCOHOL TESTING?		<input type="checkbox"/> YES	<input type="checkbox"/> NO		

EMPLOYER		OK TO CONTACT?	DATES EMPLOYED		SUPERVISOR/CONTACT NAME
			FROM MM/YY	TO MM/YY	
ADDRESS (STREET)			HOURLY RATE/SALARY		<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> SEASONAL
			STARTING	FINAL	
CITY	STATE	ZIP		YOUR TITLE/JOB CLASSIFICATION	
COUNTY	TELEPHONE (INCLUDE AREA CODE)			WORK PERFORMED	
DRIVERS ONLY: WERE YOU SUBJECT TO THE FMCSR?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	REASON FOR LEAVING	
WERE YOU SUBJECT TO DOT DRUG AND ALCOHOL TESTING?		<input type="checkbox"/> YES	<input type="checkbox"/> NO		

GAPS Please explain any gaps in your employment history during the past 10 years.

DRIVER INFORMATION

Have you ever made application to be qualified as a driver in the Land Span System? Yes No
 If yes, when? _____ Date of Birth _____
 Driver's License Number _____ State of Issue _____ Expiration Date _____
 Class _____ Endorsements _____ Restrictions _____
 Can you read English? Yes No Can you speak English? Yes No Can you write English? Yes No

DRIVING EXPERIENCE

Have you attended a commercial truck driving school? Yes No If yes, list when and where _____
 List any safety awards you have received _____
 List in the proper column the number of years and/or months driving experience you have had and the nature.

TYPE OF VEHICLE	YEARS OR MONTHS EXPERIENCE	EXPLAIN TYPE & SIZE OF VEHICLE	LOCAL OR ROAD
STRAIGHT TRUCK			
TRACTOR-TRAILER			
OTHER (BUS, TWIN TRAILER, ETC.)			

FIVE-YEAR ACCIDENT HISTORY

List **ALL** motor vehicle accidents in which you have been involved during the **previous five years regardless** of how minor or whether or not they remain on your driver's record. Give the date, description, and if any injuries or fatalities resulted.

DATE OF ACCIDENT	CITY & STATE	DESCRIPTION	NO. OF INJURIES	NO. OF FATALITIES

FIVE-YEAR MOTOR VEHICLE VIOLATIONS HISTORY

List **ALL violations** of motor vehicle laws or ordinances (other than parking violations) of which you have been convicted or forfeited bond or collateral during the **previous five years regardless** of whether or not they remain on your driver's record. This list must include violations received when operating a car, truck, motorcycle or any other type of motor vehicle.

DATE OF VIOLATION	CITY & STATE	TYPE OF VIOLATION (FOR SPEEDING VIOLATION LIST: SPEED / SPEED LIMIT)	TYPE OF VEHICLE

Yes No Has your operator's, chauffeur's or CDL license ever been suspended/revoked?
 Yes No Have you ever had an application for such license denied/disqualified?
 If you answered 'yes' to either question, please complete the following:

DATE	STATE	REASON(S)	LENGTH OF SUSPENSION	DATE OF REINSTATEMENT

For Office Use Only	DATE QUALIFIED	APPROVED BY	<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> PART-TIME	<input type="checkbox"/> TRAINEE
	QUALIFIED FOR:		<input type="checkbox"/> P&D <input type="checkbox"/> VAN TRAILER		

RESIDENCE HISTORY

Please provide current and previous addresses for the last seven years. Begin with current address.

STREET	CITY	STATE	ZIP	COUNTY	FROM (MONTH/YEAR)	To (MONTH/YEAR)
					___/___	___/___
					___/___	___/___
					___/___	___/___
					___/___	___/___
					___/___	___/___
					___/___	___/___

CRIMINAL HISTORY

Yes No Have you ever been convicted of, pled guilty to, or forfeited bond in relation to any crime including felonies, misdemeanors or criminal traffic convictions such as DUI? Felonies must be listed regardless of age. Misdemeanors and criminal traffic convictions must be listed if conviction date is within 10 years of the date of application. A conviction does not automatically bar employment.

Note - Applicants for commercial driver positions are required to list traffic convictions on the commercial driver portion of this application.

If you answered "yes," please list offense, court, place where offense occurred and date of offense in the area provided:

OFFENSE	COURT	CITY AND STATE OF CONVICTION	DATE OF OFFENSE (MONTH/DAY/YEAR)
	<input type="checkbox"/> FEDERAL <input type="checkbox"/> STATE <input type="checkbox"/> COUNTY <input type="checkbox"/> LOCAL		___/___/___
	<input type="checkbox"/> FEDERAL <input type="checkbox"/> STATE <input type="checkbox"/> COUNTY <input type="checkbox"/> LOCAL		___/___/___
	<input type="checkbox"/> FEDERAL <input type="checkbox"/> STATE <input type="checkbox"/> COUNTY <input type="checkbox"/> LOCAL		___/___/___
	<input type="checkbox"/> FEDERAL <input type="checkbox"/> STATE <input type="checkbox"/> COUNTY <input type="checkbox"/> LOCAL		___/___/___

◆ ALL APPLICANTS ◆ IMPORTANT ◆ PLEASE READ CAREFULLY BEFORE SIGNING ◆

This certifies that this application was completed by me, and all entries are true and complete to the best of my knowledge and recollection. I understand that once submitted, any error or omission identified may result in my disqualification or dismissal from employment.

I authorize, without reservation, any party or agency contacted by the employer or its representative to furnish the above mentioned information, including investigation of a driver applicant's safety performance history information required under Federal regulations. I have read this entire document, and I understand that by signing I am releasing all those parties from any liability whatsoever. Furthermore, I acknowledge and agree to indemnify and hold harmless both the employer and/or its agent from and against any claims, demands or liabilities, including court costs and attorney's fees. Additionally, should I become employed by the employer, I give my permission for Land Span, Inc. to provide any and all information regarding my employment with Land Span, Inc. to future prospective employers or agents acting on a prospective employer's behalf.

I agree to submit to a physical examination whenever requested during my possible employment. I authorize a specified health facility to collect and analyze breath and/or body fluid samples for the purpose of drug/alcohol screening prior to or during employment and the results of this test to be communicated to Land Span, Inc.

By my signature I am voluntarily agreeing to all these conditions.

Signature of Applicant

Date

For Office Use Only	E-Mail results to:	
----------------------------	--------------------	--