



# LANDMARK IRRIGATION

---

## EMPLOYMENT APPLICATION

*Personal & Confidential*

### **NO SMOKING/DRUG FREE WORKPLACE POLICY**

1. Employees of Landmark Irrigation will not be permitted to smoke during working hours. This smoke-free policy is for the safety of all employees, employees will be operating heavy machinery and equipment on a daily basis.
2. It is Landmark Irrigation's intent to maintain a drug/alcohol-free workplace for all company employees. As a condition of employment, you will be required to pass a post offer, pre-placement physical which includes a drug/alcohol test.
3. Landmark Irrigation shall maintain the right to require, as a condition of continued employment, drug/alcohol screening of all employees for conditions which may affect the health, safety, and well being of Landmark employees. Failure to comply may constitute grounds for immediate termination or rejection from consideration of employment.

I have read and understand the above information and certify, with my signature below, that I will not smoke while working for Landmark Irrigation, Inc. and I do not use unauthorized or illegal drugs.

I also certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date. I authorize LANDMARK IRRIGATION, INC. to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment. If requested, I agree to submit to a physical exam, criminal and credit background investigation, and/or screening for illegal substances upon conditional offer of employment. I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that staff employees of LANDMARK IRRIGATION, INC. serve at-will, and the employment relationship may be terminated at any time by either party, or any or no reason, other than a reason prohibited by law. If employed, I will be required to furnish proof of eligibility to work in the United States, to file a State security questionnaire and State loyalty oath, and to comply with company and departmental regulations. I understand that if employed on a temporary basis, I would be paid for hours worked only, and would be ineligible for benefits including paid time off. I understand that any benefits I receive may be subject to change or discontinuation at any time without prior notice. I understand that the first SIX MONTHS of regular employment represent a provisional period, during which I would not be eligible to apply for transfer or promotion and during which I may be terminated without right of appeal.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE TYPE OR PRINT.** Complete the entire application. You may attach a resume, but you must still complete all questions; or your application will be deemed incomplete and may not be considered. Please fill out each box (don't just indicate "See Resume.") Applications with missing or invalid job numbers will not be considered for any position.

Position Applying For:	Name (Last, First, Middle):			Other names under which you have attended school or been employed:
JOB #:				
Street Address:		City, State & Zip:		
Social Security Number:	Home Phone:	Work Phone:	Other Phone:	
Are you eligible to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you 18 years of age or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:		
Are you available to work? Check all that apply: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Days <input type="checkbox"/> Nights <input type="checkbox"/> Weekends		Are you willing to travel, if required?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you related to any current (company employee)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, their name & their relationship to you?		
If required for position, do you have a valid driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> CDL Class _____		
How did you learn about this employment opportunity at Landmark Irrigation? Check all that apply: <input type="checkbox"/> Ad in <i>newspaper</i> <input type="checkbox"/> Job Bulletin (Posting) <input type="checkbox"/> Walk-in <input type="checkbox"/> Referral by employee <input type="checkbox"/> Other:				
When can you begin employment if hired?				

**EDUCATION**

Name of School	City/State	Did you graduate?	If No, # of years left to graduate	If Yes, date of Graduation	Degree received	Major
High School:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
GED:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other School:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Military Service:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other credentials/ licenses/ professional affiliations, etc., which are relevant to the job(s) for which you are applying.						

**SKILLS:** Please list technical skills, clerical skills, trade skills, etc., relevant to this position. ) Include all specific heavy equipment and/or machine equipment experience, relevant computer systems and software packages of which you have a working knowledge, and note your level of proficiency (basic, intermediate, expert).


**WORK EXPERIENCE**-Please detail your entire work history. Begin with your current or most recent employer. If you held multiple positions with the same organization, detail each position separately. Attach additional sheets if necessary. Omission of prior employment may be considered falsification of information. Please explain any gaps in employment. Include full-time military or volunteer commitments. **PLEASE DO NOT** complete this information with the notation "See Resume."  
**PLEASE NOTE:** LANDMARK IRRIGATION, INC. reserves the right to contact all current and former employers for reference information.

Dates Employed (most recent position) From:            To	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time  If part-time, # hrs./wk: <input type="checkbox"/>	Title:
Starting Salary:	Organization Name and Address:	
Final Salary:		
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:
Dates Employed (most recent position) From:            To	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time  If part-time, # hrs./wk: <input type="checkbox"/>	Title:
Starting Salary:	Organization Name and Address:	
Final Salary:		
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:
Dates Employed (most recent position) From:            To	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time  If part-time, # hrs./wk: <input type="checkbox"/>	Title:
Starting Salary:	Organization Name and Address:	
Final Salary:		
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:

## References

Applicant Name: \_\_\_\_\_

### References

Please list three professional references.

Name		Relationship	
Company		Phone	( )
Address			

Name		Relationship	
Company		Phone	( )
Address			

Name		Relationship	
Company		Phone	( )
Address			

Please list two personal references.

Name		Relationship	
Address		Phone	( )

Name		Relationship	
Address		Phone	( )