



Application

Please PRINT

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Primary Phone Number		Date of Birth	
Date Available	Social Security No.	Desired Salary	
Position Applied for			
Are you applying for Regular full-time work?	Yes No		
Are you applying for Regular part-time work?	Yes No		
Temporary work, e.g., summer or holiday work?	Yes No		
If applying for temporary work, what period of time will you be available?			
What days and hours are you available for work?			
Are you available for work on weekends?	Yes No		
Would you be available to work overtime, if necessary?	Yes No		
If hired, what date can you start work?			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever applied for or worked for Logistical Med & Beyond LLC?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Do you have any friends or relatives working for Logistical Med & Beyond LLC?	Yes No		
If yes, state name(s) relationship:			
Why are you seeking work at Logistical Med & Beyond LLC?			
If hired, would you have a reliable means of transportation to and from work?	Yes No		
<b>If selected, ALL are subject to annual SLED checks and TB test.</b>			
Are you able to perform the <i>essential functions</i> of the job for which you are applying? Yes _____ No _____ If no, describe the functions that cannot be performed:			
Are you able to perform all <i>other duties</i> of the job for which you are applying? Yes _____ No _____ If no, describe the functions that cannot be performed:			
Are you in general good health? Yes _____ No _____ If No explain: Have you had a physical within the last year? Yes _____ No _____			
Have you ever been convicted of a criminal offense (felony or misdemeanor)? Yes _____ No _____			
If yes, state nature of the crime(s), when and where convicted and disposition of the case. <b>Use Blank Sheet Attached For More Space.</b>			
<b>Note: No applicant will be denied work solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may ,be considered.</b>			
Are you currently employed?	Yes No		

If so, may we contact your employer?	Yes No
If no, please explain:	

**EDUCATION**

High School		Address		
From To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College		Address		
From To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other		Address		
From To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work at Logistical Med & Beyond LLC? If so, please explain

**Answer the following questions if you are applying for a professional position:**

Are you licensed/certified for the job applied for? Yes\_\_\_\_ No\_\_\_\_

Name of License/Certification:

Issuing state:

License/certification number:

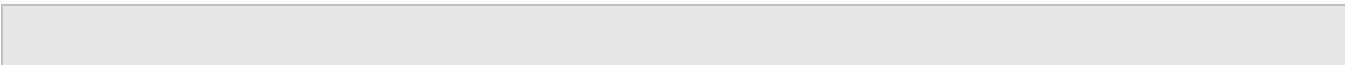
Has your license/certification ever been revoked or suspended? Yes\_\_\_\_ No\_\_\_\_

If yes, state reason(s), date of revocation or suspension and date of reinstatement:

**REFERENCES**

*List below 3 persons not related to you who we may contact and have knowledge of your work performance within the last 3 years.*

Full Name	
Company	Relationship
Address	Phone ( )
Full Name	
Company	Relationship
Address	Phone ( )
Full Name	
Company	Relationship
Address	Phone ( )



**HISTORY****LIST BELOW ALL PRESENT AND PAST EMPLOYMENT WITH YOUR MOST RECENT EMPLOYER. YOU MUST COMPLETE THIS SECTION EVEN IF ATTACHING A RESUME.**

<b>Company</b>		Phone (    )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>			
<b>Company</b>		Phone (    )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>			
<b>Company</b>		Phone (    )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>			

**MILITARY SERVICE**

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		
Have you obtained any special skills abilities as the result of service in the military? Yes_____ No_____		
If so, describe:		

**EMERGENCY CONTACT**

**Primary Emergency Contact**

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

Relationship to Contact: \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone: \_\_\_\_\_

**Secondary Emergency Contact**

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

Relationship to Contact: \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone: \_\_\_\_\_

**Other Information (Optional)**

Birthday: \_\_\_\_\_ Anniversary: \_\_\_\_\_

Favorite Food: \_\_\_\_\_

Allergies (Food, Insects, Etc.): \_\_\_\_\_

**DISCLAIMER AND SIGNATURE**

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if selected, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any information concerning my previous employment and pertinent information they may have personal or otherwise and release the Logistical Med & Beyond LLC from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the Logistical Med & Beyond LLC? has any authority to enter into any agreement for employment

for any specific period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by authorized Logistical Med & Beyond LLC representative."

Signature \_\_\_\_\_ Date \_\_\_\_\_