



(Please provide complete information. If additional space is required, add supplementary information referenced to the application section on separate pages.)

APPLICANT INFORMATION

HOW DID YOU HEAR OF THE JOB _____

Applicant Name: _____
First Middle Last

Address: _____
Mailing

Street

City State Zip Code

Phone: _____ **Fax:** _____

Mobile: _____ **email:** _____

Drivers License (State & #): _____

SS #: _____ - _____ - _____ **DOB:** _____ - _____ - _____

NOTE: The professional Scope of Services provided by The Lomax Consulting Group, LLC, particularly on-site field investigations, requires employees to maintain a capable, adequate level of health and physical fitness. Any and all offers of employment are conditioned upon successful completion of a comprehensive physical performed by an approved physician.

EDUCATION

Secondary: (Institution Name & Location, Curriculum, GPA & Class Standing).

Undergraduate: (Degree, Institution Name & Location, Major/Minor, GPA, GPA in Major; Faculty Advisor, honors & awards). **PLEASE ATTACH TRANSCRIPT**

Graduate: (Degree, Institution Name & Location, GPA in Major; Faculty Advisor, honors & awards). **PLEASE ATTACH TRANSCRIPT(s).**

Additional Education/Training: (Institution, Location, Date, Awards/Certifications).

EXPERIENCE

Professional: (Attach resume for work experience information).

Certifications/Professional Memberships/Publications:
 (Organization Name, Expiration Date, Publications, Comments).

SKILLS

Please list program and competency level

Word Processing: _____ Typing (wpm): _____
 Spreadsheet: _____
 Publishing: _____
 Database Mgt: _____
 Presentation: _____
 GIS: _____
 Other(s) _____

Please indicate skill and competency level

Driving _____
 Foreign Languages _____
(Read/Write/Speak)
 Testing Equipment _____
(Specify Equipment Type & Purpose) (for technical position candidates only)
 Boat Handling _____
(including any Licenses & Size and Type of Craft) (for technical position candidates only)
 Swimming/SCUBA _____
(including any Certifications) (for technical position candidates only)
 Other(s) _____



PROFESSIONAL INTERESTS

Are you willing to work overtime?: YES _____ NO _____

Are you willing to use your auto for meeting(s) &/or site visit(s), if necessary?: YES _____ NO _____

Are you interested in conducting research or cooperating with the other staff members on basic research projects outside work time? YES _____ NO _____
(If yes, please list your specific research interests)

Objectives (Short Term):

Objectives (Long Term):

What are your continuing education interests?:
(Please be specific)

REFERENCES

Please provide below the names, titles, current phone #s, and years acquainted for three (3) professional references from different entities.

- 1.
- 2.
- 3.

I, the undersigned, certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I agree to abide by any of the conditions referenced herein and policies of The Lomax Consulting Group, LLC. Further, I authorize investigation of all statements contained herein and release the references listed above to give The Lomax Consulting Group, LLC any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

Signature: _____ **Date:** _____

APPLICANT