

## **PRE-SCREENING FORM**

(Required for program participation)

\*\*Please complete and email to contact@lltserviceltd.com\*\*

Today's Date			-		
Applicant					
First Name:	Middle		_Last		 
Full Address:					 
Date of Birth (DOB):		-			
Phone Number:		_			
Email Address:					
Male/Female:		_			
Are you Married?Ye	esNo				
Do you have a Valid Passp	ort? (required)	Yes	No		
Do you have a valid Driver	's License?\	/es	_No		
Do you have a valid Comm	nercial Driver's lice	nse?	Yes	No	
Do you have a High Schoo	l Diploma?\	Yes	_No		
Do you have Work expen	rionco? Vo	ı.c	No		

Background Check
Background check is required. Do you consent? Yes No
References (2)
Two references are required. Do you consent to providing the same? YesNo
Have you ever been convicted of a felony?Yes No
If Yes, Explain
Have you traveled on a Work program before?
If yes, name of the program:
Dates you traveled:
Have you applied for a US visa before?YesNo.
Result:ApprovedDenied
If denied reason for denial:
Are you familiar with H-2B Seasonal Work Programs?YesNo
H-2B jobs are considered non-skilled jobs. How do you feel about performing non-skilled tasks?
Additional Info:
Family In USA?Friends
City/Cities:
Travel to the USA Before? How Many Times?
How did you hear about LLT Services?
What are your expectations from our services?

Personality Questions
How would describe yourself?
In which work area are you strongest?
How do you feel about performing non-skilled task?
Are you comfortable living in shared housing?YesNo
If mandated, are you willing to comply with Covid – 19 requirements?YesNo
**Successful applicants must prepare to report to your job assignments on time. Will you need assistance to make travel arrangements? Yes No
Comments:
I DECLARE THAT I HAVE ANSWERED THE ABOVE COMPLETELY & TRUTHFULLY. I AM AWARE THAT FAILURE TO ANSWER THE ABOVE TRUTHFULLY MAY RESULT IN MY INELIGIBILITY FOR EMPLOYMENT AND/OR THE TERMINATION OF MY CONTRACT.
Initials: