



Application for Employment

- must be completed even if submitting a resume -

AN EQUAL OPPORTUNITY EMPLOYER

It is our Company's policy not to discriminate against any employee or applicant for employment on the basis of race; color; religion; national origin; sex; sexual orientation; gender identity; characteristics or expression; marital status; age; physical or mental disability; or status as a special disabled veteran, veteran of the Vietnam era or other covered veteran.

LGS does not require or administer polygraphs as a condition of becoming an employee.

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

Please complete all sections of this application even if submitting a resume. Read the statements on the last page and sign your name.			Date of Application	
Personal Data				
Last Name		First Name		Middle Name
Social Security Number				
Present Address – Number/Street		City	State	Zip Code
Home Address (if different from above) – Number/Street		City	State	Zip Code
Previous Home Addresses – List below all addresses at which you have resided during the past 7 years if different than the above. Attach a separate sheet of paper if necessary.				
Number/Street		City	State	Zip Code
Number/Street		City	State	Zip Code
Home Telephone Number ()		Business Telephone Number ()		Email Address
Have you previously applied for a position LGS or any subsidiary of Alcatel-Lucent? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Date: _____				
Have you worked at Alcatel-Lucent, a subsidiary or a predecessor company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete the following:				
Dates Employed		Name of Business Unit		
Name of Last Supervisor		Work Location		
Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			Are you over 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever served in the U.S. Military (do not include ROTC)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete the following:				
Branch of Service		Grade or Rank at Discharge		
Occupational Specialization		When did you serve? From (mo/yr) To (mo/yr)		
Special/Technical Training Schools/Experience (indicate addresses and include military service)				

Post Government Work Question1: Have you ever been employed in a position with the U.S. Government? ☐ Yes ☐ No

If yes, please provide a description of the activities that you performed for the U.S. Government, the agency or entity for which you performed those activities and the dates of employment with that agency or entity.

Post Government Work Question 2 : Have you ever served as a Contracting Officer or in a source selection capacity for the U.S. Government? ☐ Yes ☐ No

If yes, please provide a description of the procurement activities that you performed for the U.S. Government, the agency or entity for which you performed those activities and the dates of employment with that agency or entity.

If yes to either 1 or 2 above, do you have any post-employment conflicts of interest as a result of your previous work with the U.S. Government that would prevent employment with LGS in the position being sought?

If yes to either 1 or 2 above, do you have any written opinions from your former agency ethics counselor(s) or official(s) regarding post-employment restrictions that may apply to you in your potential employment with LGS?

Education and Training

Name and address of college, institute or other schools (exclude military service schools).

School	Graduated	Completed	Major/Minor
High School/GED/Other	<input type="checkbox"/> Yes <input type="checkbox"/> No		
City State			
College/University 1	<input type="checkbox"/> Yes <input type="checkbox"/> No		
City State			
College/University 2	<input type="checkbox"/> Yes <input type="checkbox"/> No		
City State			
College/University 3	<input type="checkbox"/> Yes <input type="checkbox"/> No		
City State			

Title of Master's Thesis and Advisor's Name (if applicable)

Title of Ph.D. Thesis and Advisor's Name (if applicable)

Your name while attending school (if different from your present name)

Work History

Beginning with your most recent employer, list all permanent, cooperative, summer and voluntary employment. When employed as a temporary or contract worker, please list the temporary agency or contract firm as your employer. Attach separate sheet of paper if necessary.

1	EMPLOYER	Employed From		Employed To		Last Salary	Job Title
Name of Company		Mo.	Yr.	Mo.	Yr.		
Address – Number/Street		Supervisor's Name				Type of Work Performed	
City, State, Zip		Supervisor's Title				<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time (# of hours)	
Phone Number () -		Are you currently working for this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, may we contact them at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Your name while you were employed (if different from your present name)		If not currently employed here, reason for leaving (please explain)					
2	EMPLOYER	Employed From		Employed To		Last Salary	Job Title
Name of Company		Mo.	Yr.	Mo.	Yr.		
Address – Number/Street		Supervisor's Name				Type of Work Performed	
City, State, Zip		Supervisor's Title				<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time (# of hours)	
Phone Number () -		Reason for leaving (please explain)					
Your name while you were employed (if different from your present name)							
3	EMPLOYER	Employed From		Employed To		Last Salary	Job Title
Name of Company		Mo.	Yr.	Mo.	Yr.		
Address – Number/Street		Supervisor's Name				Type of Work Performed	
City, State, Zip		Supervisor's Title				<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time (# of hours)	
Phone Number () -		Reason for leaving (please explain)					
Your name while you were employed (if different from your present name)							
4	EMPLOYER	Employed From		Employed To		Last Salary	Job Title
Name of Company		Mo.	Yr.	Mo.	Yr.		
Address – Number/Street		Supervisor's Name				Type of Work Performed	
City, State, Zip		Supervisor's Title				<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time (# of hours)	
Phone Number () -		Reason for leaving (please explain)					
Your name while you were employed (if different from your present name)							

5	EMPLOYER	Employed From		Employed To		Last Salary	Job Title
Name of Company		Mo.	Yr.	Mo.	Yr.		
Address – Number/Street		Supervisor's Name				Type of Work Performed	
City, State, Zip		Supervisor's Title				<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time (# of hours)	
Phone Number () -		Reason for leaving (please explain)					
Your name while you were employed (if different from your present name)							

6	EMPLOYER	Employed From		Employed To		Last Salary	Job Title
Name of Company		Mo.	Yr.	Mo.	Yr.		
Address – Number/Street		Supervisor's Name				Type of Work Performed	
City, State, Zip		Supervisor's Title				<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time (# of hours)	
Phone Number () -		Reason for leaving (please explain)					
Your name while you were employed (if different from your present name)							

7	EMPLOYER	Employed From		Employed To		Last Salary	Job Title
Name of Company		Mo.	Yr.	Mo.	Yr.		
Address – Number/Street		Supervisor's Name				Type of Work Performed	
City, State, Zip		Supervisor's Title				<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time (# of hours)	
Phone Number () -		Reason for leaving (please explain)					
Your name while you were employed (if different from your present name)							

8	EMPLOYER	Employed From		Employed To		Last Salary	Job Title
Name of Company		Mo.	Yr.	Mo.	Yr.		
Address – Number/Street		Supervisor's Name				Type of Work Performed	
City, State, Zip		Supervisor's Title				<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time (# of hours)	
Phone Number () -		Reason for leaving (please explain)					
Your name while you were employed (if different from your present name)							

Notification and Agreement

By signing this application, you indicate that you understand and agree to the following:

1. All personally identifiable applicant information provided by you will be properly safeguarded, and the use of such information will be limited to valid business, regulatory or legal requirements.
2. You must execute the LGS employee agreement regarding intellectual property, if required. This agreement provides for the protection of the Company's proprietary information, and the assignment of certain rights in Intellectual Property created by the employee in the course of employment.
3. This application is not an employment contract and should not be construed or interpreted as creating an implied or expressed contract of employment between the Company and its employees. The employment relationship is by mutual consent (employment-at-will) and employees have the right at any time to terminate employment for any reason.
4. You are not acting as an agent of any individual, organization or agency to "test" the lawfulness or propriety of LGS hiring policies or practices.
5. The Company may conduct an investigation to verify information provided on this application, or during an interview, including verification of prior employment history and education. By signing this application, you indicate your awareness that false statements made by you or your failure to disclose information may be sufficient to disqualify you for employment, or if employed, may result in your dismissal.
6. Agree to follow established policies and procedures of LGS and understand that violations of such policies could result in disciplinary action up to and including termination.
7. Agree to work assigned shifts as required.

Print Name: _____

Applicant's Signature: _____ Date: _____