

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Name: _____
Last First Middle

Social Security No. _____

Address: _____
Number Street

Telephone No. _____

Are you eligible for employment in the U.S.? _____

City _____ State _____ Zip _____

Position applied for: _____

In case of emergency notify (next of kin)

Date available to begin work: _____

Name _____

Are you able to work flexible hours including weekends? _____

Address _____

Do you plan to work another job while in our employ? _____

Telephone _____ Relationship _____

Do you have a driver's license? ____ yes / ____ no

Have you ever been bonded? ____ yes / ____ no

yes: _____
State Number Exp.

Have you ever been refused a bond? ____ yes / ____ no

Restrictions on license: _____

If yes, explain: _____

Have you ever had a license revoked or suspended? ____ y / ____ n

Have you ever been convicted of a crime? ____ yes / ____ no

yes, explain: _____

If yes, explain: _____

Have you ever been convicted of driving while intoxicated? ____ y / ____ n

Do you use or sell narcotics? ____ yes / ____ no

Are you willing to be tested for illegal drugs? ____ yes / ____ no

EDUCATION		
Circle last year completed	Graduated yes / no	Name of School Location
Elementary 2 3 4 6 7 8	yes / no	
High School 10 11 12	yes / no	
College 13 14 15 16	yes / no	
Other (include prof. licenses)	yes / no	

REFERENCES - List three	
Name _____	Length known _____
Address: _____	Phone: _____
Relation: _____	
Name _____	Length known _____
Address: _____	Phone: _____
Relation: _____	
Name _____	Length known _____
Address: _____	Phone: _____
Relation: _____	

MILITARY SERVICE

Have you ever served in the armed forces of this country? ____ yes / ____ no

Branch of service: _____

Date of service: _____ to _____

1st Rank or Rating: _____

Honorable Discharge: ____ yes / ____ no

SKILLS

Push Mower Weed eater Walk-behind Riding mower
 Hedge trimmer Blower Stick Edger Spraying

Length of Time in Landscaping _____ yrs. _____ mos.

WORK EXPERIENCE

From	Employer and Address	Supervisor, title, ph #	Salary		Reason for leaving
			Start	End	

Position and Responsibilities

From	Employer and Address	Supervisor, title, ph #	Salary		Reason for leaving
			Start	End	

Position and Responsibilities

From	Employer and Address	Supervisor, title, ph #	Salary		Reason for leaving
			Start	End	

Position and Responsibilities

MEDICAL INFORMATION

injured on the job, will you accept the medical facilities recommended by your employer? ____ yes / ____ no

AUTHORIZATIONS AND SIGNATURE

I authorize the investigations of all statements contained in this application. I understand that any misrepresentation or omission of facts a cause for dismissal. I authorize my former schools, employers, and personal references to provide information from my records, including dates of attendance, degrees earned, dates of employment, salary earned, reasons for leaving employment, and all other information that may have concerning my performance. I authorize investigation of my motor vehicle operating history and criminal background. I authorize a pre-employment drug screen. I understand that an unsatisfactory report may result in denial or termination of employment. I do not agree to observe and comply with company policies, rules and regulations, and any violation may result in immediate termination. I understand that, to the best of my knowledge, I have no pre-existing condition which would prevent me from being able to perform my job.

Public Law 91-508 requires that we advise you that a routine inquiry may be made which will provide applicable information concerning your character, general reputation, education, previous employment, and criminal background. I release all parties providing information from any liability or claims for damages, including libel, slander and invasion of privacy that may result from the disclosure of information.

Applicant's signature _____ Date _____

It is our company policy not to discriminate against any employee or applicant for employment because of race, color, sex, age, disability, liability for service in the armed forces, or national origin. This policy includes, but will not be limited to: EMPLOYMENT, DEMOTION, TRANSFER, RECRUITMENT, LAYOFF, TERMINATION, RATES OF PAY, AND SELECTION FOR TRAINING.

Office Use only

Today's Date: _____ Interviewed by: _____ Branch _____ Beg. Salary _____
 Driver's License: _____ Start Date _____ Locker Number _____

Comments: