

Lawn & Turf Landscaping, Inc.

Application For Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or handicap, or any other legally protected status.
 (This a Drug Free Environment! There will be Drug Testing!)

(PLEASE PRINT)

Position(s) Applied For _____ Date of Application _____

How Did You Learn About Us?

- Advertisement Friend Walk-In
 Employment Agency Relative Other _____

Last Name	First Name	Middle Name

Address	Number	Street	City	State	Zip Code

Telephone Number(s)	Social Security Number

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No

If Yes, give date _____

Have you ever been employed with us before? Yes No

If Yes, give date _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented for lawfully becoming employed in this Country because of Visa or Immigration Status? Yes No

Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Have you been convicted of a felony within the last 7 years? Yes No

Conviction will not necessarily disqualify an applicant from employment.

If yes, please explain _____

Employment History

List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in comments section below.

Employer	Dates Employed		Work performed and job responsibilities
	From	To	
Telephone			
Address	Hourly Rate/Salary		
	Starting		
Job Title	\$	Per	
May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No	Hourly Rate/Salary		
Reason for Leaving	Final		
	\$	Per	
Employer	Dates Employed		Work performed and job responsibilities
	From	To	
Telephone			
Address	Hourly Rate/Salary		
	Starting		
Job Title	\$	Per	
May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No	Hourly Rate/Salary		
Reason for Leaving	Final		
	\$	Per	
Employer	Dates Employed		Work performed and job responsibilities
	From	To	
Telephone			
Address	Hourly Rate/Salary		
	Starting		
Job Title	\$	Per	
May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No	Hourly Rate/Salary		
Reason for Leaving	Final		
	\$	Per	

Skills and Qualifications Summarize special skills and qualifications acquired from employment or other experiences that may qualify you to work for our company

Educational Background

List last three schools starting with last

School	# Years Completed	Degree/Diploma	Class Rank/GPA	Major	Minor

List any foreign language(s) and check box that best describes your skill level

Language	Read & Write	Read & Speak	Read Only	Speak Only

References

List name and telephone number of three business/work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references that are not related to you.

Name	Telephone	Years Known
	()	
	()	
	()	

List professional, trade, business or civic associations and any offices held. (Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

Organization	Offices Held

List special accomplishments, publications, awards (Exclude information which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

List any additional information you would like us to consider

What books, magazines or newspapers do you read?

Do you have experience with the following?

Yes	No		Yes	No	
___	___	Blueprints	___	___	Small Tractors
___	___	Landscape Designing	___	___	4-speed trucks
___	___	Building Retainer Walls	___	___	Bobcat
___	___	Supervising	___	___	Tree Spade
___	___	Riding Mowers	___	___	Walk Behind Mower
___	___	2 Cycle Equipment	___	___	Pruning
___	___	Fertilization	___	___	Mechanical/engine repair

Do you have a valid driver's license? _____ CDL? _____

Employment Data Record

Employees are treated during employment without regard to race, color, religion, sex, national origin, age, martial or veteran status, medical condition or handicap, or any other legally protected status.

As an employer with an Affirmative A action Program, we comply with government regulation, including Affirmative Action responsibilities where they apply.

The purpose for this Data Record is to comply with government record keeping, reporting and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information please note that all Data Records are kept in a Confidential File and are not a part of your Application for Employment or personnel file. Please note: **YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.**

VOLUNTARY SURVEY

Please Print

Date _____

Government agencies at times require periodic reports on the sex, ethnicity, handicap, veteran and other protected status of employees. This data is for statistical analysis with respect to the success of the affirmative action program. **SUBMISSION OF THIS INFORMATIONS IS VOLUNTARY.**

Complete Only The Sections Below That Have Been Checked

	Current Job	Social Security #
	Check One: <input type="checkbox"/> Male <input type="checkbox"/> Female	Age
	Check one of the following: (Ethnic Origin)	
	<input type="checkbox"/> White	<input type="checkbox"/> Hispanic
	<input type="checkbox"/> Black	<input type="checkbox"/> Other
	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Asian/Pacific Islander
	Check if any of the following are applicable	
	<input type="checkbox"/> Vietnam Era Veteran	<input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Handicapped Individual

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

The applicant understands that neither this document nor any offer of employment from the employer constitute an employment contract unless a specific document to that affect is executed by the employer and employee in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks _____

Employed Yes No Date of Employment _____

Job Title _____ Hourly Rate/Salary _____

Interviewed By _____ Date _____

Notes: