



Employment Application

| APPLICANT INFORMATION                             |    |                               |                                   |  |                          |                |                              |                             |                             |
|---|----|-------------------------------|-----------------------------------|--|--------------------------|----------------|------------------------------|-----------------------------|-----------------------------|
| Last Name   |    |                               | First                             |  |                          | M.I.           |                              | Date                        |                             |
| Street Address                                    |    |                               |                                   |  | Apartment/Unit #         |                |                              |                             |                             |
| City  |    |                               | State                             |  |                          | ZIP            |                              |                             |                             |
| Home Phone  |    |                               | E-mail Address                    |  |                          |                |                              |                             |                             |
| Cell Phone  |    |                               | Emergency Contact Name and Number |  |                          |                |                              |                             |                             |
| Date Available                                    |    | Social Security No.           |                                   |  | Valid Driver's License   |                | YES <input type="checkbox"/> |                             | NO <input type="checkbox"/> |
| Date of Birth                                     |    |                               |                                   |  |                          |                |                              |                             |                             |
| Position Applied for                              |    | Landscaping                   |                                   |  |                          | Desired Salary |                              |                             |                             |
| Shifts Available                                  |    | Days <input type="checkbox"/> | Evenings <input type="checkbox"/> | Nights <input type="checkbox"/>                | How many hours per shift |                |                              |                             |                             |
| Are you a citizen of the United States?           |    | YES <input type="checkbox"/>  | NO <input type="checkbox"/>       | If no, are you authorized to work in the U.S.? |                          |                | YES <input type="checkbox"/> | NO <input type="checkbox"/> |                             |
| Have you ever worked for this company?            |    | YES <input type="checkbox"/>  | NO <input type="checkbox"/>       | If so, when?                                   |                          |                |                              |                             |                             |
| Have you ever been convicted of a felony?         |    | YES <input type="checkbox"/>  | NO <input type="checkbox"/>       | If yes, explain                                |                          |                |                              |                             |                             |
| EDUCATION   |    |                               |                                   |  |                          |                |                              |                             |                             |
| High School                                       |    |                               | Address                           |  |                          |                |                              |                             |                             |
| From  | To | Did you graduate?             | YES <input type="checkbox"/>      | NO <input type="checkbox"/>                    | Degree                   |                |                              |                             |                             |
| College   |    |                               | Address                           |  |                          |                |                              |                             |                             |
| From  | To | Did you graduate?             | YES <input type="checkbox"/>      | NO <input type="checkbox"/>                    | Degree                   |                |                              |                             |                             |
| Other   |    |                               | Address                           |  |                          |                |                              |                             |                             |
| From  | To | Did you graduate?             | YES <input type="checkbox"/>      | NO <input type="checkbox"/>                    | Degree                   |                |                              |                             |                             |
| REFERENCES  |    |                               |                                   |  |                          |                |                              |                             |                             |
| <i>Please list three professional references.</i> |    |                               |                                   |  |                          |                |                              |                             |                             |
| Full Name   |    |                               |                                   | Relationship                                   |                          |                |                              |                             |                             |
| Company   |    |                               |                                   | Phone  |                          |                |                              |                             |                             |
| Address   |    |                               |                                   |  |                          |                |                              |                             |                             |
| Full Name   |    |                               |                                   | Relationship                                   |                          |                |                              |                             |                             |
| Company   |    |                               |                                   | Phone  |                          |                |                              |                             |                             |
| Address   |    |                               |                                   |  |                          |                |                              |                             |                             |
| Full Name   |    |                               |                                   | Relationship                                   |                          |                |                              |                             |                             |
| Company   |    |                               |                                   | Phone  |                          |                |                              |                             |                             |
| Address   |    |                               |                                   |  |                          |                |                              |                             |                             |

| <b>PREVIOUS EMPLOYMENT</b>  |                 |                    |                  |
|---|-----------------|--------------------|------------------|
| Company   |                 | Phone              |                  |
| Address   |                 | Supervisor         |                  |
| Job Title   | Starting Salary | \$                 | Ending Salary \$ |
| Responsibilities  |                 |                    |                  |
| From  | To              | Reason for Leaving |                  |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> |                 |                    |                  |
| Company   |                 | Phone              |                  |
| Address   |                 | Supervisor         |                  |
| Job Title   | Starting Salary | \$                 | Ending Salary \$ |
| Responsibilities  |                 |                    |                  |
| From  | To              | Reason for Leaving |                  |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> |                 |                    |                  |
| Company   |                 | Phone              |                  |
| Address   |                 | Supervisor         |                  |
| Job Title   | Starting Salary | \$                 | Ending Salary \$ |
| Responsibilities  |                 |                    |                  |
| From  | To              | Reason for Leaving |                  |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> |                 |                    |                  |

| <b>MILITARY SERVICE</b>          |                   |
|----------------------------------|-------------------|
| Branch                           | From To           |
| Rank at Discharge                | Type of Discharge |
| If other than honorable, explain |                   |

| <b>NOTICE</b>   |
|---|
| This position may require you to work outside. You Must be able to lift 25lbs. Are these conditions acceptable to you |
| Yes <input type="checkbox"/> No <input type="checkbox"/>  |

| <b>DISCLAIMER AND SIGNATURE</b>   |
|---|
| I certify that my answers are true and complete to the best of my knowledge.  |
| If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. |
| Signature   |
| Date  |