



APPLICATION FOR EMPLOYMENT

Drug-Free Safety Program Workplace

Ph. 937.497.1500

COMPANY

Today's Date: _____

Full Name: _____

Jason Weigandt Landscape Company (JWLC) is a proud participant of the Drug Free Safety Program (DFSP), administered by the State of Ohio. All applicants considered for employment with JWLC are required to complete a pre-placement drug screen analysis conducted by Occupational Health at Wilson Health Hospital and must test negative as a condition of employment.

JWLC is an Equal Opportunity Employer and fully complies with applicable federal, state and local laws, rules and regulations in the area of non-discrimination in employment. Discrimination against employees and applicants due to race, color, religion, sex (including sexual harassment), national origin, disability, age, and military and veteran status is prohibited.

General Information

Applicant Street Address: _____

City _____ State _____ Zip Code _____ School District _____

Primary Phone # _____ Secondary Phone # _____

•Are you 18 years of age or older? Yes No •Date available to start: _____

•Are you eligible to work in the United States? Yes No (Proof will be required if employment offer is made.)

•Do you have a valid Ohio driver's license? Yes No Any restrictions? Yes No

•Do you have a valid Ohio Commercial Driver's License? Yes No

•Do you have forklift experience? Yes No

•Are you able to work Monday-Saturday? Yes No

Current/Most Recent Employer

Company Name _____ Phone _____

Address _____ Start (Mo/Yr) _____ End (Mo/Yr) _____

Name of Supervisor _____ Wages _____

Position/Responsibilities _____ Reason for Leaving _____

Previous Employer

Company Name _____ Phone _____

Address _____ Start (Mo/Yr) _____ End (Mo/Yr) _____

Name of Supervisor _____ Wages _____

Position/Responsibilities _____ Reason for Leaving _____

Employment History (continued)

Next Previous Employer

Company Name _____ Phone # _____

Address _____ Start (Mo/Yr) _____ End (Mo/Yr) _____

Name of Supervisor _____ Wages _____

Position/Responsibilities _____ Reason for Leaving _____

References

1. Name _____ Contact #: _____

2. Name _____ Contact #: _____

3. Name _____ Contact #: _____

Education

List name, location, # of years completed, degrees/certificates of achievement for the following:

High School _____

College/University _____

Business/Trade School _____

U. S. Military Service & Rank _____

Additional Questions

- List the most important thing to you in a work environment:
- List three (3) characteristics that best describe you:
- Why have you chosen to apply at JWLC?

- Yes, I understand that as a condition of employment, I must undergo testing for the presence of drugs. Results of the test must be negative.
- Yes, I agree that any misrepresentation or falsification of information on this application will be cause for cancellation of the application, or dismissal from employment if hired.
- Yes, I understand that this application does not constitute an agreement or contract for employment for any specified period or definite duration.
- Yes, I give the employer the right to contact and obtain information from all references, employers, motor vehicle records, and educational institutions to verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for use of this information in consideration of my potential employment.
- Yes, I understand that if I am hired I will be required to provide proof of identity and legal work authorization.
- Yes, I agree that I have no health impairments or deficiencies which will prevent me from performing the work for which I am being employed with reasonable accommodation.

Applicant Signature

Date