

APPLICATION FOR EMPLOYMENT

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

This company is an Equal Opportunity Employer and does not discriminate on the basis of race, color, creed, religion, sex, age, marital status, national origin, disability, status as a disabled or Vietnam Era Veteran, or on any other basis prohibited by applicable laws.

Position Applying for: _____

Date: _____

Full Time

Part Time

APPLICANT'S STATEMENT

I understand that this application is not a promise of employment.

I understand that if I am hired, my employment will be for no definite period, regardless of the period of payment of my wages. I further understand that I have the right to terminate my employment at anytime with or without notice or cause and the Company has the same right. No one other than the Owner of the Company has the authority to modify this relationship or to make any agreement to the contrary. Any such modification or agreement must be in writing and signed by the authorized agent.

I hereby state that all of the information that I provide on this application and or in any interview or responding to any requests for information is true and accurate. I understand that any false statements or omissions made by me in connection with this application, or in responding to further requests for information, is sufficient grounds for my rejection as an applicant or my dismissal if I have been hired, regardless of when the falsity or omission is discovered. If I am employed and any such information is later found to be false in any respect, I may be dismissed.

I HAVE READ THIS EMPLOYMENT APPLICATION AND FULLY UNDERSTAND ITS CONTENTS

Signature of Applicant

SOLICITUD DE EMPLEO

SOMOS UN EMPLEADOR QUE OFRECE IGUALDAD DE OPORTUNIDADES

Esta empresa es un Empleador con Igualdad de Oportunidades y no discrimina por motivos de raza, color, credo, religión, sexo, edad, estado civil, origen nacional, discapacidad, estado como discapacitado o Veterano de la Era de Vietnam, o por cualquier otro motivo prohibido por las leyes aplicables.

Cargo Solicitado: _____

Fecha: _____

Jornada completa

Media jornada

DECLARACIÓN de S del ASPIRANTE'

Entiendo que esta aplicación no es una promesa de empleo.

Entiendo que si soy contratado, mi empleo será sin período definido, independientemente del período de pago de mi salario. Además, entiendo que tengo derecho a rescindir mi empleo en cualquier momento con o sin aviso o causa y la Compañía tiene el mismo derecho. Nadie más que el propietario de la empresa tiene la autoridad para modificar esta relación o para hacer cualquier acuerdo en contrario. Cualquier modificación o acuerdo debe ser por escrito y firmado por el agente autorizado.

Por la presente declaro que toda la información que proporciono en esta solicitud y / o en cualquier entrevista o respuesta a cualquier solicitud de información es verdadera y precisa. Entiendo que cualquier declaración falsa u omisión hecha por mí en relación con esta solicitud, o en respuesta a solicitudes adicionales de información, es motivo suficiente para mi rechazo como solicitante o mi despido si he sido contratado, independientemente de cuándo esa falsedad o la omisión es descubierta. Si estoy empleado y posteriormente se descubre que esa información es falsa en cualquier aspecto, puedo ser despedido.

HE LEÍDO ESTA APLICACIÓN DE EMPLEO Y ENTIENDO COMPLETAMENTE SU CONTENIDO

FIRMA DEL SOLICITANTE

PERSONAL DATA

Name _____
(Print) Last Name First Middle

Present Address _____
Street and Number City State Zip;

Previous Address _____
Street and Number City State Zip;

Telephone Number _____

Social Security Number _____

How Long have you lived there? _____
Years Months

How long did you live there? _____
Years Months

Are you 18 years of age or older? Yes No

Have you ever worked for this Company before? Yes No If yes, please give dates and position: _____

Do you have any friends or relatives working here? Yes No If yes, Name _____

Do you have reliable means of transportation to travel to and from work which will allow you to consistently arrive at work on time? Yes No

How many days of work have you missed in the last THREE years due to reasons other than paid holidays and vacation?

Year	# of Days	Year	# of Days	Year	# of Days

Are you capable (with or without reasonable accommodation) of satisfactorily performing the essential job duties required of the position for which you are applying? Yes No

EDUCATION

	Elementary School	High School	College / University	Graduate/Professional
School Name				
Years Completed (Circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course of Study or Major				
Describe Specialized Training Military Experience Skills and Extra-Curricular Activities				

Community involvement, other experience or other activities that you would like to tell us about? _____

RECORD OF PREVIOUS EMPLOYMENT:

On the next page you will be asked detailed information regarding previous employment.

Have you ever been terminated or asked to resign from any job? Yes No If yes, please explain the circumstances: _____

May we contact your current employer? Yes No If no, please explain the circumstances: _____

RECORD OF PREVIOUS EMPLOYMENT, continued:

Please list the names of your previous employers in chronological order with present or last employer listed first. Be sure to account for all periods of time, including military service and any period of unemployment. If self-employed, give firm name and supply business references.

Name of Present or last Employer	Employed From: (Month / Year)	Pay: Start:	Your Title or Position	Reason for Leaving
Address		\$		
City, State, Zip Code	To: (Month / Year)	Final	Name of Last Supervisor	
Telephone		\$		
Previous Employer	Employed From: (Month / Year)	Pay: Start:	Your Title or Position	Reason for Leaving
Address		\$		
City, State, Zip Code	To: (Month / Year)	Final	Name of Last Supervisor	
Telephone		\$		
Previous Employer	Employed From: (Month / Year)	Pay: Start:	Your Title or Position	Reason for Leaving
Address		\$		
City, State, Zip Code	To: (Month / Year)	Final	Name of Last Supervisor	
Telephone		\$		
Previous Employer	Employed From: (Month / Year)	Pay: Start:	Your Title or Position	Reason for Leaving
Address		\$		
City, State, Zip Code	To: (Month / Year)	Final	Name of Last Supervisor	
Telephone		\$		
Previous Employer	Employed From: (Month / Year)	Pay: Start:	Your Title or Position	Reason for Leaving
Address		\$		
City, State, Zip Code	To: (Month / Year)	Final	Name of Last Supervisor	
Telephone		\$		

CHARACTER REFERENCES

Please list person who know you well - not previous employers or relatives

Name	Occupation	Address	Telephone Number	Number of Years Known

ADDITIONAL INFORMATION: Please indicate any actual experience you have in any of the following areas:

Mowing

- Mowing - push mower
- Mowing - tractor residential
- Mowing - farm tractor with 3 point finish mower
- Mowing - zero turn
- Mowing - standup zero turn

Landscaping

- Trimming - gas weedeater
- edging - gas edger
- edging - tractor mounted edger
- hedge trimmer - gas
- chain saw - gas
- Spray equipment - liquid chemical
- Spreader - dry chemical

Other Equipment

- Bobcat
- Dingo

This application will be considered active for a maximum of 60 days. If you wish to be considered for employment after that time you must reapply.

I have read this employment application and I fully understand its contents. I hereby certify that all of the information that I have provided on this application is true and accurate, and that I have not omitted any of the information called for. I understand that any false statements or omissions made by me in connection with this application, in interviews, or in responding to further requests for information is sufficient grounds for my rejection as an applicant or my dismissal if I have been hired, regardless of when the falsity or omission is discovered.

_____ Date

_____ Signature of Applicant