



115 S 4<sup>th</sup> St.  
Hannibal, MO 63401

### Employment Application Form

**PLEASE COMPLETE ALL PAGES**

Date \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Present address \_\_\_\_\_  
Number Street City State Zip

Date of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Cell Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Alternate Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

When available to start? \_\_\_\_\_ Do you smoke?  Yes  No

Are you a citizen of the United States?  Yes  No If no, are you authorized to work in the U.S.?  Yes  No

Days/hours available to work :

Any/All  MON  TUE  WED  TH  FRI  SAT  SUN

Hours: \_\_\_\_\_AM to \_\_\_\_\_PM

Mode of Transportation :  Self  Spouse  Other: \_\_\_\_\_

### Education

Highest level of Education Completed \_\_\_\_\_ Last School Attended \_\_\_\_\_

### Criminal Record

Have you ever been convicted of a felony?  No  Yes, for \_\_\_\_\_

### Driving Record

Do you have a valid Driver's License?  Yes  No Type:  Non-Driver  Class F  Class E  Commercial (CDL)

DL Number \_\_\_\_\_ State of issue \_\_\_\_\_ Expiration \_\_\_\_\_

Have you had any accidents in the past three years?  Yes  No How many? \_\_\_\_\_

Have you had any moving violations in the past three years?  Yes  No How many? \_\_\_\_\_

Are you proficient at pulling/backing a trailer?  Yes  No  Somewhat

### Lawncare & Landscape Experience

**CIRCLE YOUR EXPERIENCE:**

Seed/Straw Mowing Pruning Landscape Block Landscape Edgers  
Lay Sod Trimming Weeding Weed Barrier Other: \_\_\_\_\_  
Planting Irrigation Mulch/Rock Patio Pavers

**CIRCLE EQUIPMENT YOU ARE FAMILIAR WITH:**

Weed Eater Excavator Straw Bladder Trencher Fertilizer Equip. Other:  
Tractor Slit Seeder Skid Steer Tiller Zero Turn Mower

## Work Experience

May we contact your present employer?       Yes     No

If no, briefly explain why not.

Please list your work experience for the **past five years** beginning with your most recent job held.  
If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address	Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Code		From  To	Start  Final
Phone number	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

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List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.				
<b>References</b>				
Full Name	Company	Position	Relationship	Phone
Full Name	Company	Position	Relationship	Phone
Full Name	Company	Position	Relationship	Phone

**PLEASE READ CAREFULLY**

**APPLICATION FORM WAIVER**

In exchange for the consideration of my job application by Cutting Edge Lawn & Landscape (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Cutting Edge Lawn & Landscape or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the owner of the Company. Both the undersigned and Cutting Edge Lawn & Landscape may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for possible pre-employment testing as well as random and /or periodic testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I further understand that my employment with the Company shall be probationary for a period of thirty (30) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

**Signature of applicant** \_\_\_\_\_ **Date:** \_\_\_\_\_

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.