###### Employment Application Form

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| PLEASE COMPLETE PAGE. | | | | | | DATE | |
| Name | | | | | | | |
| Last First Middle | | | | | | | |
| Present address | | | | | | | |
| Number Street City State Zip | | | | | | | |
| How long at current address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Social Security No. \_\_\_\_\_\_\_ – \_\_\_\_\_ – \_\_\_\_\_\_\_\_\_ | | | | |
| Telephone ( ) | | | | | | | |
| Are you under age 18 \_\_\_\_YES \_\_\_\_NO, if “YES”, can you provide proof of your eligibility to work? \_\_\_\_YES \_\_\_\_N0  Are you currently authorized to work in the United States? \_\_\_\_YES \_\_\_\_\_NO. Proof of eligibility will be required if hired. | | | | | | | |
| Position applied for (1)  and wage desired (2)  (Be specific) | | | | Days/hours available to work  No Pref Thur  Mon Fri  Tue Sat  Wed Sun | | | |
| How many hours can you work weekly? | | | | | | | |
| Employment desired ❑FULL-TIME ONLY ❑PART-TIME ONLY ❑TEMPORARY/CONTRACT | | | | | | | |
| When are you available to start work?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
| TYPE OF SCHOOL | NAME OF SCHOOL | LOCATION | | | NUMBER OF YEARS COMPLETED | | MAJOR & DEGREE |
| High School |  |  | | |  | |  |
|  |  |  | | |  | |  |
| College |  |  | | |  | |  |
|  |  |  | | |  | |  |
| Bus. or Trade School |  |  | | |  | |  |
|  |  |  | | |  | |  |
| Professional School |  |  | | |  | |  |
|  |  |  | | |  | |  |
|  | | | | | | | |
| Have you ever been convicted of a crime? ❑ No ❑ Yes (A Conviction record will not necessarily disqualify you from employment.) | | | | | | | |
|  | | | | | | | |
| Do you have reliable transportation? Yes\_\_\_\_ No\_\_\_\_  Do you smoke (this does not disqualify you from employment)? Yes\_\_\_ No\_\_\_ | | | | | | | |
| Do you have a clean driving record? Yes\_\_\_ No\_\_\_ I Don’t Know\_\_\_ | | | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| APPLICATION FOR EMPLOYMENT | | | | | | | |
|  | | MILITARY | |  | | | |
|  | | | | | | | |
| HAVE YOU EVER BEEN IN THE ARMED FORCES? ❑ Yes ❑ No | | | | | | | |
| ARE YOU NOW A MEMBER in the ARMED FORCES? ❑ Yes ❑ No | | | | | | | |
| Specialty Date Entered Discharge Date | | | | | | | |
|  | | | | | | | |
| Work Experience | Please list your work experience for the 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 Phone number | | |  | | From  To | | Start  Final |
|  | | | Your last job title | | | | |
| Reason for leaving (be specific) | | | | | | | |
| Name of employer  Address | | | Name of last supervisor | | Employment dates | | Pay or salary |
| City, State, Zip Code Phone number | | |  | | From  To | | Start  Final |
|  | | | Your Last Job Title | | | | |
| Reason for leaving (be specific) | | | | | | | |
| Name of employer  Address | | | Name of last supervisor | | Employment dates | | Pay or salary |
| City, State, Zip Code Phone number | | |  | | From  To | | Start  Final |
|  | | | Your last job title | | | | | |
| Reason for leaving (be specific) | | | | | | | |
| Name of employer  Address | | | Name of last supervisor | | Employment dates | | Pay or salary |
| City, State, Zip Code Phone number | | |  | | From  To | | Start  Final |
|  | | | Your last job title | | | | | |
| Reason for leaving (be specific) | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
| May we contact your present employer? ❑ Yes ❑ No | | | | | | | | |

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| PLEASE READ CAREFULLY |
| I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information. |
|  |
| I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered. |
| If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law. |
|  |
| We are an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, national origin, citizenship, age, height, weight, or disability. We assure you that your opportunity for employment with us depends solely on your qualifications.  Total Turf Lawn Care Services requests the consent of the prospective employee to obtain credit, criminal, drug, and driving information in order to make an informed hiring decision. We protect this information, and our hiring procedures follow Title VII of the Civil Rights Act of 1964 and the EEOC regulations on Equal Employment Opportunity. If your request for hire is denied based on findings from your background check, these reasons will be explained to you, and you are legally able to challenge the information found against you.  By signing below you allow Total Turf to obtain the information discus |
| Thank you for completing this application form and for your interest in our business. |

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Applicant Signature Print Date