



APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Date: _____

Name: (Last) _____ (First) _____

Address: _____
(Street) (City) (State) (Zip Code)

Cell phone #: _____ Email: _____

Social Security #: _____ Driver's License #: _____ State issued: _____

Have you ever been convicted of a crime or violation other than a minor traffic violation: YES NO

If yes, please explain*: _____

*A conviction record will not necessarily prevent employment. Factors such as job relations, age and time of the offense, seriousness and nature of violation and rehabilitation will be taken into account.

Can you submit proof of legal employment authorization and identity? YES NO Can you travel if required by this position? YES NO

EMPLOYMENT DESIRED

Position desired: _____ Pay Rate desired: _____

Availability to work? **FULL TIME** ____ **PART TIME** ____

What days and times of week are you available to work (Fill in the time on the days you're available. Place a check mark if available anytime during the day):

_____ Mon _____ Tue _____ Wed _____ Thurs _____ Fri _____ Sat

Are you employed now? YES ____ NO ____ If yes, may we contact your present employer? YES NO Have you applied or been employed by My Lawn Inc previously? YES NO When? _____

How did you hear about this position? _____

EDUCATION HISTORY*List school name, location, number of years completed, course of study, and degree earned:*

High School: _____

College: _____

Technical Training: _____

EMPLOYMENT HISTORY

List most recent employer first and provide all employment information for each employer

(1)Employer: _____ Position held: _____

Address(street, city, zip): _____

Phone #: _____ Dates employed (mm/yy): from _____ to _____

Immediate supervisor and title: _____

Job description: _____

Reason for leaving: _____ May we contact?: YES NO

(2)Employer: _____ Position held: _____

Address(street, city, zip): _____

Phone #: _____ Dates employed (mm/yy): from _____ to _____

Immediate supervisor and title: _____

Job description: _____

Reason for leaving: _____ May we contact?: YES NO

(3) Employer: _____ Position held: _____

Address(street, city, zip): _____

Phone #: _____ Dates employed (mm/yy): from _____ to _____

Immediate supervisor and title: _____

Job description: _____

Reason for leaving: _____ May we contact?: YES NO

Other Skills and Qualifications:

Summarize any job-related training, skills, licenses, certificates, and/or any other qualifications

REFERENCES

List three (3) reference names, telephone numbers, and years known (do not include relatives or employers):

(1) _____

(2) _____

(3) _____

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. I understand that any false statements or omission of information on this application or any other employment form may lead to dismissal or denial of employment.

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 as long as there is no violation of applicable federal or state law. It is further understood that this "at will" relationship may not be changed by any written document, verbal statements, or by conduct unless such change is specifically acknowledged by an authorized executive of the company. I further understand that my "at will" employment may be terminated at any time by myself or the company and includes no guarantee, contract or promise of employment for any specific length of time. I understand that the first fourteen (14) working days of employment is a new hire introductory period.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three (3) days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I agree to submit to any drug or alcohol testing prior to or after employment and agree to submit to a medical evaluation, if required.

I understand that this organization is an equal opportunity employer and does not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons.

This application for employment will be held for one calendar year from date of application.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Application signature: _____ Date: _____