



EMPLOYMENT APPLICATION

PERSONAL INFORMATION

NAME _____

ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER	MOBILE NUMBER		
SOCIAL SECURITY NUMBER	BIRTHDATE	EMAIL ADDRESS	
ARE YOU ELIGIBLE TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YOU ARE UNDER THE AGE OF 18, DO YOU HAVE AN AGE CERTIFICATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU BEEN CONVICTED OF OR PLEADED NO CONTEST TO A FELONY WITHIN THE LAST FIVE YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES, PLEASE EXPLAIN: _____			

POSITION

POSITION APPLYING FOR	AVAILABLE START DATE	DESIRED PAY
DAYS/HOURS AVAILABLE		
<input type="checkbox"/> MONDAY	<input type="checkbox"/> TUESDAY	<input type="checkbox"/> WEDNESDAY
<input type="checkbox"/> THURSDAY	<input type="checkbox"/> FRIDAY	<input type="checkbox"/> SATURDAY
<input type="checkbox"/> SUNDAY		

EDUCATION

SCHOOL NAME	SCHOOL ADDRESS	YEARS ATTENDED	<input type="checkbox"/> DIPLOMA <input type="checkbox"/> DEGREE <input type="checkbox"/> CERTIFICATE OF COMPLETION
SCHOOL NAME	SCHOOL ADDRESS	YEARS ATTENDED	<input type="checkbox"/> DIPLOMA <input type="checkbox"/> DEGREE <input type="checkbox"/> CERTIFICATE OF COMPLETION

QUALIFICATIONS

ARE YOU FAMILIAR WITH USING A COMPUTER? WINDOWS MAC MICROSOFT WORD MICROSOFT EXCEL QUICKBOOKS

ARE YOU LICENSED TO OPERATE A MOTOR VEHICLE? YES NO

HAVE YOU EVER BEEN CONVICTED OF A LEGAL OFFENSE WHILE DRIVING? PLEASE INCLUDE DWI (DRIVING WHILE INTOXICATED) OR DUI (DRIVING UNDER THE INFLUENCE OF DRUGS). EXCLUDE MINOR TRAFFIC VIOLATIONS. YES NO

WHAT LANGUAGES CAN YOU SPEAK? _____

LIST ANY ADDITIONAL QUALIFICATIONS YOU HAVE. _____



EMPLOYMENT HISTORY

PRESENT/LAST EMPLOYER		ADDRESS	
PHONE NUMBER		SUPERVISOR	POSITION/TITLE
START DATE		END DATE	PAY RATE
RESPONSIBILITIES		REASON FOR LEAVING	

PREVIOUS EMPLOYER		ADDRESS	
PHONE NUMBER		SUPERVISOR	POSITION/TITLE
START DATE		END DATE	PAY RATE
RESPONSIBILITIES		REASON FOR LEAVING	

MAY WE CONTACT YOUR PRESENT/PAST EMPLOYERS? YES NO

REFERENCES (LIST TWO PEOPLE WHO ARE NOT RELATIVES)

NAME		PHONE NUMBER	
ADDRESS			

NAME		PHONE NUMBER	
ADDRESS			

NAME		PHONE NUMBER	
ADDRESS			

ADDRESS			
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By submitting and signing this application, I authorize and request any public or private business or other employee for whom I have worked or been employed, or with whom I have sought employment, to supply Cutting Edge Lawn Maintenance & Landscape with any and all records pertaining to me that have been kept in the usual course of business, including but not limited to; drug and alcohol test results obtained within six months of the date of requested for information. The information obtained may be used by Cutting Edge Lawn Maintenance & Landscape in making decisions with regard to my employment.

I authorize investigation of all statements contained in this application. I certify that there are no willful misrepresentations, omissions or falsifications in the foregoing statements and answers to questions. I am aware that should an investigation disclose any misrepresentation, omission or falsification, my application may be rejected, or if already employed, my employment may be terminated. References and previous employer will be contacted to confirm statements unless otherwise indicated.

Applications will not be considered unless signed and dated; and all questions are answered.

Applicant's Signature: _____ Date: _____