



## EMPLOYMENT APPLICATION

PRE-EMPLOYMENT QUESTIONNAIRE- EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION		DATE	
NAME: (LAST NAME FIRST)		SOCIAL SECURITY NUMBER	
PRESENT MAILING ADDRESS	CITY	STATE	ZIP CODE
PHYSICAL ADDRESS	CITY	STATE	ZIP CODE
PHONE NO. 'S	REFERRED BY:		

EMPLOYMENT DESIRED:		
DEPARTMENT APPLYING FOR (PLEASE CIRCLE ONE : )	LAWN CARE	IRRIGATION
DATE YOU CAN START	SALARY DESIRED	EVER APPLIED WITH US BEFORE?
ARE YOU CURRENTLY EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO MAY WE CONTACT YOUR EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	IS YOUR DRIVERS LICENSE VALID? <input type="checkbox"/> YES <input type="checkbox"/> NO
WILL WAGES HAVE TO BE GARNISHED FOR CHLD SUPPORT PAYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU EVER BEEN CONVICTED OF A FELONY? <input type="checkbox"/> YES <input type="checkbox"/> NO	

GENERAL INFORMATION			
HIGH SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
COLLEGE OR TRADE SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED



**FORMER EMPLOYERS:**

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

NAME & ADDRESS OF EMPLOYER: \_\_\_\_\_

POSITION: \_\_\_\_\_ SALARY: \_\_\_\_\_

REASON (S) FOR LEAVING : \_\_\_\_\_

**FORMER EMPLOYERS:**

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

NAME & ADDRESS OF EMPLOYER: \_\_\_\_\_

POSITION: \_\_\_\_\_ SALARY: \_\_\_\_\_

REASON (S) FOR LEAVING : \_\_\_\_\_

**FORMER EMPLOYERS:**

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

NAME & ADDRESS OF EMPLOYER: \_\_\_\_\_

POSITION: \_\_\_\_\_ SALARY: \_\_\_\_\_

REASON (S) FOR LEAVING : \_\_\_\_\_

**REFERENCES:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

BUSINESS: \_\_\_\_\_

YEARS KNOWN: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

BUSINESS: \_\_\_\_\_

YEARS KNOWN: \_\_\_\_\_

**AUTHORIZATION:**

“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. “

**DATE:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_