

Application Date: _____

Hire Date: _____

Termination Date: _____

Seasonal

Part-time

Full-time



LANDSCAPE MANAGEMENT, INC.
TREE SERVICE, INC

Employment Application

APPLICATION INFORMATION

Birthdate:

| | | | | |
|---|------------------------------------|------------------------------------|-----------------------------------|------|
| Last Name | | First | MI | Date |
| Street Address | | | | |
| City | | State | ZIP | |
| Phone | Primary Secondary | | Emergency Contact(Name & No) | |
| Position Applied for | | | | |
| Are you employed now? | | | | |
| Ever applied to this company before? <input type="checkbox"/> Y or <input type="checkbox"/> N | | Where? | When? | |
| Do you have any friends, relatives, or acquaintances working for Company? <input type="checkbox"/> Y or <input type="checkbox"/> N | | | | |
| If yes, state name & relationship: | | | | |
| If hired, would you have transportation to/from work? <input type="checkbox"/> Y or <input type="checkbox"/> N | | | | |
| Are you a citizen of the United States? <input type="checkbox"/> Y or <input type="checkbox"/> N If no, are you authorized to work in the US? | | | | |
| If you are under 18, do you have a work permit? <input type="checkbox"/> Y or <input type="checkbox"/> N | | | | |
| *Must provide work permit before start date | | | | |
| Have you ever been convicted of a felony? <input type="checkbox"/> Y or <input type="checkbox"/> N | | If yes, please explain | | |
| | | | | |
| Type of employment desired | Full-Time <input type="checkbox"/> | Part-Time <input type="checkbox"/> | Seasonal <input type="checkbox"/> | |
| Date Available to start | Social Security Number | | Desired Salary | |

EDUCATION

| | | | | |
|-------------|----|--|--------|--|
| High School | | Address | | |
| From | To | Did you Graduate? <input type="checkbox"/> Y or <input type="checkbox"/> N | Degree | |
| College | | Address | | |
| From | To | Did you graduate? <input type="checkbox"/> Y or <input type="checkbox"/> N | Degree | |
| Other | | Address | | |
| From | To | Did you graduate? <input type="checkbox"/> Y or <input type="checkbox"/> N | Degree | |

PREVIOUS EMPLOYMENT

| | | | | |
|---|-----------------|--------------------|--|--|
| Company | | Phone () | | |
| Address | | Supervisor | | |
| Job Title | Starting Salary | Ending Salary | | |
| Responsibilities | | | | |
| From | To | Reason for Leaving | | |
| May we contact your previous supervisor for a reference? Yes No | | | | |
| Company | | Phone () | | |
| Address | | Supervisor | | |
| Job Title | Starting Salary | Ending Salary | | |
| Responsibilities | | | | |
| From | To | Reason for Leaving | | |

| | | |
|--|-----|----|
| May we contact your previous supervisor for a reference? | Yes | No |
|--|-----|----|

REFERENCES

Please list two professional references.

| | |
|-----------|--------------|
| Full Name | Relationship |
| Company | Phone () |
| Address | |
| Full Name | Relationship |
| Company | Phone () |
| Address | |

MILITARY SERVICE

| | | |
|-------------------|----------|----|
| Branch | From | To |
| Type of Discharge | Explain: | |

| |
|---|
| If hired, are you willing to submit to and pass a controlled substance test? [] Y or [] N |
|---|

Email Address: _____

Please Read and Initial Each Paragraph, then Sign Below

I certify that I have not purposely withheld any information that might adversely affect my chances for hiring. I attest to the fact that the answers given by me are true & correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of material fact on this application or on any document used to secure can be grounds for rejection of application or, if I am employed by this company, terms for my immediate expulsion from the company.

I understand that if I am employed, my employment is not definite and can be terminated by either me or the company at any time either with or without prior notice.

I permit the company to examine my references, record of employment, education record, and any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers & all other persons, corporations, partnerships & associations from any & all claims, demands or liabilities arising out of or in any way related to such examination or revelation.

Applicant's Signature: _____

Date: _____

An Equal Opportunity Employer

Summit is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Applicants requiring reasonable accommodation in the application and/or interview process should notify a representative of the organization