

Application for Employment

Referred From/Found us through _____ **Date**

Personal Information

Name _____ Social Security # _____

Last First Middle

Present Address _____

Street City State Zip

Phone # _____ Alternative Phone # _____

E-mail Address _____

Are you 18 years or older? YES NO

Birthdate _____

In case of an emergency notify _____

Name Address Phone

Driver's License Number: _____

Note: We check all driving records and we do background checks.

List all convictions for any offense or violation (including felony, misdemeanor or municipal ordinance) other than minor traffic violations, and list all pending criminal charges: _____

No applicant will be denied a position

Are you either a U.S. citizen or an alien authorized to work in the United States? YES NO

Employment Desired

Position _____ Date you can start _____ **Salary Desired \$** _____

**** Do Not Write Negotiable**

Are you employed now? _____ If so may we inquire of your present employer? _____

Who referred you to this company? Employment Agency Newspaper Ad Other
 State Office Employment College Placement Service Walked in Friend

We often work more than 8 hours per day and Saturdays, is this a problem? _____ If yes, please explain: _____

Please check the following you are experienced in or have done before:

Dethatching _____ **Commerical** Mowing _____ Edging _____ Aerating _____ Tree Trimming _____

Certified in applying fertilizer _____ Skid Loader Operation _____ Chipper _____ Chainsaw _____

String Trimmer _____ Maintenance Skills (I.e. oil change for mowers, blade sharpening, etc.) _____ Snow Plowing _____

**The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.*

Application for Employment

Other: _____

Education

School Level	Name & Location of School	No of years attended	Did you graduate	Subjects studied
Grammar				
High				
College				
Trade or other				

General

Subject of special study or research work

Special Training

Special Skills

Former Employers (List below last three employers, starting with last one first.)

Name and address of **present or last** employer

Starting Date

Month Year

Leaving Date

Month Year

Weekly starting salary

Weekly final salary

Job Title

May we contact supervisor?

Name and Title of Supervisor

Phone No.

Description of Work

Application for Employment

Reason for leaving

Name and address **2nd last** employer

Starting Date

Month Year

Leaving Date

Month Year

Weekly starting salary

Weekly final salary

Job Title

May we contact supervisor?

Name and Title of Supervisor

Phone No.

Description of Work

Reason for leaving

Name and address **3rd last** employer

Starting Date

Month Year

Leaving Date

Month Year

Weekly starting salary

Weekly final salary

Job Title

May we contact supervisor?

Name and Title of Supervisor

Phone No.

Description of Work

Reason for leaving

Health

Do you have any of the following:

Heart Condition _____ Allergies _____ Diabetes _____ Back Problems _____ Other _____

Do you Smoke? YES _____ NO _____

Do you have health insurance? YES _____ NO _____

Do you have your own vehicle? YES _____ NO _____

NOTE: TURF & TREE WORX RESERVES THE RIGHT TO DO RANDOM DRUG TESTING.

PLEASE RETURN TO TURF & TREE WORX 585 WASHINGTON DRIVE WEST BEND, WI 53095