

Employment Application

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| Applicant Information |
| PLEASE COMPLETE ALL PAGES | Date  |
| Name  |
| Last First Middle  |
| Present address  |
|  Number Street City State Zip Code |
| Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Social Security No. \_\_\_\_\_\_\_ – \_\_\_\_\_ – \_\_\_\_\_\_\_\_\_ |
| Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Position applied for: Salary desired: / hour | Days/hours available to workNo Pref \_\_\_\_\_\_\_\_\_\_\_\_\_ Thur \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mon \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fri \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Tue \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sat \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Wed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sun \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Employment desired ❑FULL-TIME ONLY ❑PART-TIME ONLY ❑FULL- OR PART-TIME |
| When are you available to start? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Do you smoke? ❑ Yes ❑ No  |
| Are you a citizen of the United States? ❑ Yes ❑ No If no, are you authorized to work in the U.S.? ❑ Yes ❑ No  |
| Education |
| High School attended: | High School? ❑Did you graduate? ❑ Yes ❑ No | College/University? ❑Did you graduate?❑ Yes ❑ NoSchool: \_\_\_\_\_\_\_\_\_\_\_Degree: \_\_\_\_\_\_\_\_\_\_Subject: \_\_\_\_\_\_\_\_\_\_ | Business/Trade School? ❑Did you graduate? ❑ Yes ❑ NoSchool: \_\_\_\_\_\_\_\_\_\_\_Degree: \_\_\_\_\_\_\_\_\_\_Subject: \_\_\_\_\_\_\_\_\_\_ | Other (specify):  |
|  Criminal Record (optional) |
| HAVE YOU EVER BEEN CONVICTED OF A CRIME? ❑ No ❑ Yes |
| If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.  |
| Driving Record |
| DO YOU HAVE A VALID DRIVER’S LICENSE? ❑ Yes ❑ No Are you proficient at pulling & Backing-up a trailer? ❑ Yes ❑ No ❑ Somewhat |
| What is your means of transportation to work?  |
| Driver’s license number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State of issue \_\_\_\_\_\_\_ ❑ Operator ❑ Commercial (CDL)  |
| Expiration date  |
| Have you had any accidents during the past three years? ❑ Yes ❑ No  | How many?  |
| Have you had any moving violations during the past three years? ❑ Yes ❑ No  | How Many?  |
| Landscape Experience |
| Describe landscaping experience (i.e. lawn installations, irrigation, maintenance, pruning, planting, retaining walls, etc.) |
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| Do you have experience in these areas? | YES | NO | Willing to Learn |
| Landscaping / Landscape Maintenance: |  |  |  |
|  Lawn Mowing and Maintenance |  |  |  |
|  Fertilization / Herbicide / Pesticide / Insecticide Application |  |  |  |
|  Lawn Installation and Renovation |  |  |  |
|  Mulch / Stone / Topsoil Installation |  |  |  |
|  Pruning / Hedge Trimming |  |  |  |
|  Spring and Fall Clean-ups |  |  |  |
|  Flower Planting (Annuals and Perennials) |  |  |  |
|  Plant Trees / Shrubs  |  |  |  |
|  Landscape Design & Installation |  |  |  |
|  Stone Work/ Masonry |  |  |  |
|  Patios, walkways and walls |  |  |  |
|  Dethatching & Aerating |  |  |  |
|  Snow and Ice Management |  |  |  |
|  Irrigation Installation & Repair |  |  |  |
| Equipment: |  |  |  |
|  Lawn Mower |  |  |  |
|  Stand-on Lawn Mower |  |  |  |
|  Weedwacker |  |  |  |
|  Hedge Trimmer |  |  |  |
|  Backpack Blower |  |  |  |
|  Dethatcher/ Aerator |  |  |  |
|  Kubota Tractor or Bobcat |  |  |  |
|  Chain Saw |  |  |  |
|  Minor Vehicle Maintenance |  |  |  |
|  Small Engine Repair |  |  |  |

Any additional information or relevant experience with equipment not list above: |
| Special Considerations (Answers will not necessarily disqualify you from consideration) |
| Are you able to bend to lift from the ground? ❑ Yes ❑ No Are you able to work outdoors in all seasons? ❑ Yes ❑ NoAre you able to do handwork with a rake, shovel, hoe or other tool? ❑ Yes ❑ NoAre you able to handle gasoline, diesel fuel, pesticides and insecticides, etc.? ❑ Yes ❑ NoAre you able to spend hours on your feet? ❑ Yes ❑ NoAre you able to lift heavy loads up to 80 pounds? ❑ Yes ❑ NoAre you able to extend your hours to complete a job? ❑ Yes ❑ NoIf you answered no to any of the above questions please explain why here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Work Experience | Please list your work experience for the past ten years beginning with your most recent job held.If you were self-employed, give firm name. Attach additional sheets if necessary. |
| Name of employer:  | Name of last supervisor | Employment dates | Pay or salary |
| Address:City, State, Zip Code:Phone number:  |  | From:To: | Start:Final: |
| Your last job title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ❑ Full Time ❑ Part Time ❑ Volunteer ❑ Other \_\_\_\_\_\_\_\_ |
| Reason for leaving (be specific): |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company: |
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| Name of employer:  | Name of last supervisor | Employment dates | Pay or salary |
| Address:City, State, Zip Code:Phone number:  |  | FromTo | StartFinal |
| Your last job title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ❑ Full Time ❑ Part Time ❑ Volunteer ❑ Other \_\_\_\_\_\_\_\_ |
| Reason for leaving (be specific): |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company: |
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| Reason for leaving (be specific): |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company: |
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| May we contact your present or former employers? ❑ Yes ❑ No |
| References(Please list at least one personal and one professional reference) |
| 1. Name  |
|  Last First  |
| Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Present address  |
|  Number Street City State Zip Code |
| Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| 2. Name  |
|  Last First  |
| Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Present address  |
|  Number Street City State Zip Code |
| Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| 3. Name  |
|  Last First  |
| Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Present address  |
|  Number Street City State Zip Code |
| Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| APPLICATION FORM WAIVER / DISCLAIMER |
| PLEASE READ CAREFULLY |
| In exchange for the consideration of my job application by Twins Lawn Service, LLC (hereinafter called “the Company”), I agree that:Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Twins Lawn Service or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the owner of the Company. Both the undersigned and the Company may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits. |
| By signing, I certify that my answers are true and complete to the best of my knowledge and I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal of further consideration of this application or dismissal from employment at any time without any previous notice. I hereby authorize, without reservation, the Company, its representatives, employees or agents to contact and obtain information from all references, previous employers (unless otherwise indicated), public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application. I hereby wave any and all rights and claims I may have regarding the Company, its agents, employees or representatives, for seeking, gathering, and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.  |
| I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law |
| I also understand that (1) the Company has a drug and alcohol policy that provides for possible pre-employment testing as well as random and /or periodic testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations. |
| I understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.  |
| I further understand that my employment with the Company shall be probationary for a period of thirty (30) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party. |
| I certify that I have read, fully understand and accept all the terms on the foregoing waiver / statement:Signature of applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications. |
| Thank you for completing this application form and for your interest in our business. |