

Employment Application

Applicant Information					
PLEASE COMPLETE AL	PLEASE COMPLETE ALL PAGES Date				
Name					
	Last	First		Middle	
Present address					
	Number	Street	City	State	Zip Code
Date of Birth		5	Social Security No.		
Cell Phone:	Home Ph	one:	E-Mail	Address:	
		Days/hours available to work			
Position applied for:			No Pref Mon	Thur _ Fri	
Salary desired:		/ hour	Tue	Sat _	
			Wed	Sun _	
Employment desired	□FULL-TIME ONLY	□PART-TIMI	E ONLY □F	ULL- OR PART-TIM	IE
When are you available to	o start?		Do you sn	noke? □ Yes □	No
Are you a citizen of the U	nited States? □ Yes □	No If no, are	you authorized to v	vork in the U.S.?	Yes □ No
		Educatio	n		
High School attended:		College/University		rade School? □	Other (specify):
	Did you graduate? ☐ Yes ☐ No	Did you graduate ☐ Yes ☐ No		ı graduate? es □ No	
		School:	School: _		
		Degree: Subject:	Subject:		
	Cri	minal 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 Rec	ord		
DO YOU HAVE A VALID	DRIVER'S LICENSE?	☐ Yes ☐ No	1		
ARE YOU PROFICIENT AT PULLING & BACKING-UP A TRAILER? ☐ Yes ☐ No ☐ Somewhat					
What is your means of tra	ansportation 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	g violations during the pa	st three years?	□ Yes □ No		

Landscape Experience

Describe landscaping experience (i.e. lawn installations, irrigation, maintenance, pruning, planting, retaining walls, etc.)

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	□ No		

Are you able to do handwork with a rake, shovel, hoe or other to	ool?	☐ Yes ☐ No		
Are you able to handle gasoline, diesel fuel, pesticides and inse	ecticides, etc.?	☐ Yes ☐ No	1	
Are you able to spend hours on your feet?		□ Yes □ No	1	
Are you able to lift heavy loads up to 80 pounds?		□ Yes □ No	1	
Are you able to extend your hours to complete a job?		□ Yes □ No	1	
If you answered no to any of the above questions please explai	n why here:			
	-			
Work Please list your work experience for the past to Experience If you were self-employed, give firm name. At			ob held.	
Name of employer:	Name of last supervisor	Employment dates	Pay or salary	
Address:		From:	Start:	
City, State, Zip Code: Phone number:		To:	Final:	
Your last job title:	☐ Full Time ☐ Part Time ☐ Volunteer ☐ Other			
	ardiriille arai	Time a volunteer	3 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:				
Name of employer:	Name of last supervisor	Employment dates	Pay or salary	
Address: City, State, Zip Code:		From	Start	
Phone number:		То	Final	
Your last job title:	☐ Full Time ☐ Part	t Time UVolunteer	☐ 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:				
			<u> </u>	
Name of employer:	Name of last supervisor	Employment dates	Pay or salary	
Address: City, State, Zip Code:		From	Start	
Phone number:		То	Final	
		t 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:				

Name of employer:			Name of last supervisor	Employment dates	Pay or salary
Address:				From	Start
City, State, Zip Code: Phone number:				То	Final
				-	
Your last job title:			☐ Full Time ☐ Par	t Time UVolunteer	□ Other
Reason for leaving (be	specific):				
List the jobs you held, d company:	uties performe	ed, skills used or learned,	advancements or pro	motions while you wo	rked at this
May we contact your pre	esent or forme	r employers? □ Yes	□ No		
	(Please	Refere list at least one personal	ences I and one professiona	l reference)	
1. Name					
		Last			
Relationship:		_ Company:	Position:		
Present address					
	Number	Street	City	State	Zip Code
Cell Phone:	Work Phone:		E-Mail Address:		
	Last		First		
Relationship:	Company:		Position:		
Present address					
	Number	Street	City	State	Zip Code
Cell Phone:	Work Phone:		E-Mail Address:		
3. Name					
		Last		First	
Relationship:		_ Company:		Position:	
Present address				_	
	Number	Street	City	State	Zip Code
Cell Phone:		Work Phone:	E-W	lail Address:	

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.

owner party.	
I certify that I have read, fully understand and accept all the terms of	on the foregoing waiver / statement:
Signature of applicant	Date
This Company is an equal employment opportunity employer. We race, color, religion, sex, national origin, citizenship, age or disabilit Company depends solely on your qualifications.	adhere to a policy of making employment decisions without regard to ty. We assure you that your opportunity for employment with this
Thank you for completing this application	n form and for your interest in our business.