



Employment Application

Applicant Information

Full Name: _____ Date: _____

Address: _____

Phone: (____) _____ Email: _____ Referred By: _____

Drivers License Number: _____ State: _____ Do you have an OSHA Safety Card? No Yes - circle one: 10hr / 30hr

In Case of Emergency Number: (____) _____ Name/Relationship: _____

Date Available: _____ Desired Salary: \$ _____ Position Applied for: _____

Are you authorized to work in the United States? Yes No

Have you ever worked for this company? Yes No

Have you ever been convicted of a felony? Yes No If yes, explain: _____

Education

High School: _____ Address: _____

Did you graduate? Yes No Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes No Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes No Degree: _____

References

Full Name: _____ Relationship: _____

Company: _____ Phone: (____) _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: (____) _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: (____) _____

Address: _____

Previous Employment

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____

From: _____ To: _____ Reason for Leaving: _____

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

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____

From: _____ To: _____ Reason for Leaving: _____

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

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____

From: _____ To: _____ Reason for Leaving: _____

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

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I further understand that my I-9 paper work, and documentation to support individuality and eligibility to work (I9, SSN, W4, etc) is subject to review and/or confirmation, and if All Seasons Lawn or a third party employment verification company is unable to verify paperwork I am subject to immediate termination.

Signature: _____ Date: _____

Office Use Only

Hire Date: _____ Pay Rate: _____ Hourly Pay Rate: _____ Annually

Start Date: _____ Depart: _____ Crew: _____ Reporting to: _____

Position Name: _____ ASL Truck Driver: No Yes (if Yes) Truck #: _____

Circle Uniform Size: _____ Shirt Size: S / M / L / XL / XXL Jacket Size: S / M / L / XL / XXL

Sweatshirt Size: S / M / L / XL / XXL Parka Size: S / M / L / XL / XXL

Check to Order: Cell Phone Desk Phone/ext. Email Computer Station Gas Card

Other: _____

Authorized by: _____ Date: _____