



LAMMSCAPES!

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

DATE: _____

NAME: _____
LAST FIRST MIDDLE

ADDRESS: _____ APT/UNIT: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ E-MAIL: _____

SOC. SEC. #: _____ REFERRED BY: _____

EMPLOYMENT DESIRED

POSITION: _____ DATE AVAILABLE: _____ SALARY DESIRED: _____

ARE YOU CURRENTLY EMPLOYED? _____ MAY WE CONTACT YOUR EMPLOYER? _____

HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? _____ IF YES, WHEN? _____

EDUCATION

SCHOOL	NAME AND LOCATION	GRADUATED		MAJOR SUBJECTS
		YES	NO	
GRAMMAR SCHOOL	-----			-----
HIGH SCHOOL	-----			-----
COLLEGE	-----			-----
OTHER	-----			-----

SUBJECTS OF SPECIAL STUDY OR RESEARCH: _____

SPECIAL TRAINING AND/OR CERTIFICATIONS: _____

ACTIVITIES/INVOLVEMENTS / SPECIAL INTERESTS: _____

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/where committed, sentence(s) imposed, and type(s) of rehabilitation.

EMPLOYMENT HISTORY

PLEASE LIST YOUR LAST FOUR EMPLOYERS, STARTING WITH PRESENT OR MOST RECENT.

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM ----- TO	----- ----- -----	-----	-----	----- ----- -----
FROM ----- TO	----- ----- -----	-----	-----	----- ----- -----
FROM ----- TO	----- ----- -----	-----	-----	----- ----- -----
FROM ----- TO	----- ----- -----	-----	-----	----- ----- -----

REFERENCES

PLEASE LIST NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS & PHONE NUMBER	HOW ACQUAINTED	YEARS ACQUAINTED
1	----- ----- -----	-----	-----
2	----- ----- -----	-----	-----
3	----- ----- -----	-----	-----

DO YOU HAVE A DRIVER'S LICENSE? _____ YES _____ NO

What is your means of transportation to work? _____

Driver's License # _____ State of Issue _____ CDL _____

Have you had any accidents during the past three years? How Many _____

Have you had any moving violations during the past three years? How Many _____

IN CASE OF EMERGENCY, NOTIFY: _____
NAME

ADDRESS CITY/STATE/ZIP PHONE

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PREVIOUS NOTICE.

SIGNED: _____ DATE: _____

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

APPLICANT - PLEASE DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY: _____ DATE: _____

APPLICANT 18 YRS OF AGE? _____

NEATNESS: _____ ABILITY: _____

COMMENTS: _____

HIRED: _____ START DATE: _____ POSITION: _____ SALARY: _____

Landscape Contractors / Nursery / Garden Center / Maintenance

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