

Job Application

Date: _____

First Name: _____ Last Name: _____ M.I.: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

Cell Number: _____

Position Applied For: _____

Salary or Hourly Rate Expected: _____ Hourly _____ Weekly

Are you currently employed? _____

May we Contact your present employer? _____

Date of Birth? _____

Are you prevented from lawfully becoming employed in this country due to Visa or Immigration status? _____

(Proof of citizenship or immigration status is required upon employment.)

Have you ever drawn unemployment? _____

If Yes, how long: _____

Have you ever drawn workmans comp.? _____

If Yes, how long: _____

You are Available to Work: Full Time Part Time Temporary

Date you can Begin Work: _____

Have you been convicted of a crime? _____

(Other than a traffic violation.) (Conviction will not necessarily disqualify an applicant from employment)

If Yes, Please Explain: _____

EDUCATION

School Address	Credits Earned	Major	Diploma/Degree
High School:			
College:			
Technical/Other:			

List below all your present and past employment, beginning with your most recent. All times must be accounted for whether employed or not. Attach an additional sheet if necessary.

Name and Address of Company and Type of Business	From	To	Describe in detail work you did and your title	Weekly Start Salary or Hourly Rate	Weekly End Salary or Hourly Rate	Reason for Leaving	Name, Title and Phone Number of Your Supervisor

PERSONAL REFERENCES:

Name: _____ Company: _____ Phone: _____
 Address: _____ Relationship: _____
 City/State/Zip: _____

Name: _____ Company: _____ Phone: _____
 Address: _____ Relationship: _____
 City/State/Zip: _____

EQUAL OPPORTUNITIES – VOLUNTARY INFORMATION

The organization seeks to recruit employees on the basis of their general suitability for a position and aims to ensure that consideration of age, sex, marital status, disability and racial or ethnic origin should play no part in this process.

In order to monitor the effectiveness of this commitment to equal opportunities it would be helpful if you could complete this section of the form. Completion is not compulsory but should you give details below the information will be used for no other purpose than that as stated in this paragraph.

Marital Status Single Married Separated Widowed Divorced
Sex Male Female
Ethnic Origin African Afro-Caribbean Mixed Race Asian European White

Medical History

Has your employment ever been terminated on the grounds of ill health?

Approximately how many days sickness have you had in the past 12 months?

What is your height?

What is your weight?

What is your weekly alcohol consumption?

Do you smoke?

Are you currently under the care of a doctor or other medical professional?

Are you currently suffering from or have suffered from, any of the illnesses listed;

Lung Disease	Yes	No
Heart/circulatory illness/hyperventilation	Yes	No
Diabetes	Yes	No
Asthma	Yes	No
Hay fever/ allergies	Yes	No
Headaches Migraines	Yes	No
Psychiatric illness/ anxiety/depression	Yes	No
Dermatitis skin sensitivity	Yes	No
Back/neck problems	Yes	No
Recurrent Infections	Yes	No
Hepatitis/jaundice	Yes	No
Stomach/bowel trouble	Yes	No
Joint problems	Yes	No
Severe stress reaction	Yes	No
Depression / anxiety	Yes	No
High blood pressure	Yes	No
Kidney/bladder problems	Yes	No
Hearing/sight problems	Yes	No
Mobility problems	Yes	No
Serious accident	Yes	No

If you have answered "Yes" to any questions in this section, please give details and dates where relevant; this is important, especially where you have a qualifying disability under the Disability Discrimination Act 1995, as it will enable us to identify what, if any "reasonable adjustments" need/can be made.

I hereby declare that the information given within the medical history section is full and true to the best of my knowledge. I understand that if, later, it is discovered that I have knowingly withheld medical information, disciplinary action may be taken against me, which may include dismissal.

Signature: _____

Date: _____

APPLICANT'S STATEMENT AND CONDITONS OF EMPLOYMENTN

(Please read carefully before signing)

"I understand that an investigative consumer report involving information concerning my character, employment history, general reputation, police record, personal habits, made of living, credit and indebtedness may be obtained prior to any final offer of employment. Upon timely written request to the personnel department of the company, the nature and scope of the report will be disclosed to me."

"I certify that the answers given by me in this employment application are true, correct and complete. I agree that the company shall not be liable, in and respect, if my employment is terminated because of misstatements or pertinent omissions made by me in this application. Moreover, I understand that all offers of employment are contingent upon passing the company's prescribed physical examination and drug screen."

"I agree, as a condition of my employment (should I be employed by the company), to submit to a medical examination if requested and based on the position that I accept or urinalysis test if requested and paid for by the company I further agree to the search or examination of myself or personal property while on the company's premises or while conduction its business elsewhere, I also authorize any company, school, police or security personnel, or other person to give any information regarding my employment, habits, ability, or any other characteristics whatsoever together with any information they have regarding me whether or not it is in their records. I hereby release all physicians, Examiner, companies, schools, or other persons from liability for any damages whatsoever for such testing, examining, or issuing this information. It is agreed and understood that completion of this application does not mean a job opening exists and in no way obligates the company to employ me."

"In the event of employment, I will comply with all company rules and regulations as established from time to time including the company's substance abuse policy. I am willing to work all assigned overtime of other special work assignments as requested by the company. Furthermore, since the company does not offer contracts of employment (unless signed by the President), I understand that nothing contained herein is intended to create a contract between the company and me for either employment or the provision of any compensation or benefits, I understand that I have the right to terminate my employment at any time and likewise, the company has the same right."

"I hereby understand and acknowledge that any employment relationship with this Company is of an "At – Will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time, with or without notice, with or without Cause. It is further understood that this "At – Will " employment relationship may not be changed by any written document or by verbal agreement unless such change is specifically acknowledged in writing by an authorized Executive of this Company. I also understand that Total Lawn Care, retains the right to amend, modify , add or delete any or all policies or procedures at its sole and absolute discretion."

"During my employment with Total Lawn Care and after my employment ends, I agree not to disclose any confidential or proprietary information regarding operating and trade secrets. I further agree not to work for or affiliate with any Lawn maintenance companies, for two years after my employment ends. I agree that with respect to any civil litigation involving Total Lawn Care, in which I am a potential witness and which does not involve an actual or potential claim by me personally, I will not discuss the facts of the case with any third parties without first notifying Total Lawn Care, or unless a representative or attorney of Total Lawn Care, is present. A copy of this form may be used as the original. The use of results from this form and / or tests will be used for prudent employment decisions."

This application is valid for sixty days from the application date unless renewed in person or in writing.

Applicant's Signature: _____ Date: _____