

M/Y/N
L/M/I/LC/R



APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

This company will not discriminate against any person based upon their race, color, religion, sex, weight, age, national origin, marital status, handicap or veteran status.

I. PERSONAL INFORMATION

NAME _____ SOCIAL SECURITY NUMBER _____
Last First Middle

PRESENT ADDRESS _____
Street City State Zip

PERMANENT ADDRESS _____
Street City State Zip

HOME PHONE# (____) _____ ARE YOU 18 YEARS OF OLDER _____

CELL# (____) _____ E-MAIL _____

II. EMPLOYMENT DESIRED

POSITION _____ DATE YOU _____ SALARY OR
DESIRED _____ CAN START _____ HOURLY WAGE
DESIRED _____

CIRCLE CHOICE: PART TIME FULL TIME

CAN YOU WORK: WEEKENDS? _____ HOLIDAYS? _____ OVERTIME? _____

ARE YOU EMPLOYED NOW? _____

HAVE YOU EVER APPLIED TO PERK-A-LAWN GARDENS, INC. BEFORE? _____
IF YES, WHEN? _____

III. EDUCATION

A. HIGH SCHOOL

NAME OF SCHOOL _____ CITY & STATE _____ DID YOU
GRADUATE? _____

B. COLLEGE, TRADE, BUSINESS OR PROFESSIONAL SCHOOLS

NAME OF INSTITUTION	CITY & STATE	DID YOU GRADUATE?
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Do you have any other educational training, degrees, honors, special training, skills or other relevant work experiences?

IV. EMPLOYMENT EXPERIENCE

Please give an accurate and complete full and part-time employment history over the past ten years. *(List current or most recent job first, attach additional sheet if necessary.)*

Employer	Address	Phone
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Number of years with Employer (Dates of Employment)	Reason for Leaving
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Job Title	Starting Wage	Final Wage	Supervisor
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Employer	Address	Phone
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Number of years with Employer (Dates of Employment)	Reason for Leaving
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Job Title	Starting Wage	Final Wage	Supervisor
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Employer	Address	Phone
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Number of years with Employer (Dates of Employment)	Reason for Leaving
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Job Title	Starting Wage	Final Wage	Supervisor
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V. REFERENCES

Name	Address	Phone Number
1.		
2.		
3.		

VI. GENERAL

- HAVE YOU EVER BEEN A MEMBER OF A BRANCH OF THE ARMED FORCES OF THE UNITED STATES, THE NATIONAL GUARD, OR THE RESERVES?
_____ IF SO, PLEASE INDICATE DATE OF DISCHARGE. _____
- DO YOU HAVE A VALID DRIVER'S LICENSE (YES) or (NO)
- DRIVER'S LICENSE # _____ STATE: _____
- HAVE YOU EVER BEEN CONVICTED OF A FELONY WITHIN THE PAST SEVEN (7) YEARS? _____ IF YES, DESCRIBE WHEN, WHERE, AND THE NATURE OF THE OFFENSE. _____

- ARE ANY OF YOUR RELATIVES CURRENTLY EMPLOYED BY PERK-A-LAWN GARDENS, INC.? _____ IF YES, STATE THEIR NAME (S) AND RELATIONSHIP TO YOU. _____

- WHO REFERRED YOU TO PERK-A-LAWN GARDENS, INC.?

- ARE YOU LEGALLY ABLE TO BE ON SCHOOL OR FEDERAL PREMISES? _____
- PERSON TO NOTIFY IN CASE OF EMERGENCY:
NAME _____ PHONE _____
ADDRESS _____

VII. ACKNOWLEDGEMENT

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE, INCLUDING INVESTIGATION OF STATEMENTS CONCERNING MY PRESENT AND PREVIOUS EMPLOYMENT. I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF I AM EMPLOYED, FALSE OR MISLEADING STATEMENTS ON THIS OR ANY OTHER COMPANY DOCUMENT MAY, AT THE SOLE DISCRETION OF THE COMPANY, RESULT IN MY IMMEDIATE DISMISSAL, REGARDLESS OF THE DATE THE FALSE OR MISLEADING STATEMENT IS DISCOVERED.

This application shall remain active for **forty-five (45)** days from the date it is submitted. Any application who wants to be considered for employment beyond that forty-five (45) days should inquire as to whether applications are being accepted at that time.

I agree and understand that if I am employed and I need an accommodation due to a handicap, I will advise the Company President in writing within 182 days after the need is known. This does not affect any rights, if any, under the Americans with Disabilities Act.

I agree and understand that if any portion of this employment application is determined to be unenforceable, the remaining part or parts of the employment application shall remain in full force effect.

DATED: _____

APPLICANT'S SIGNATURE

Office Use Only

Date: _____

Dept: _____

Rate: _____