



## EMPLOYMENT APPLICATION

### AN EQUAL OPPORTUNITY EMPLOYER

It is the policy of Lakes Landscape Services to provide employment opportunities without regard to race, sex, religion, national origin, age, color, marital status, handicap, medical condition, or veteran status.

**Application Date:** .....

#### Personal Data

Name:	First:	Middle:	Last:	
Address:	Street:	City:	State:	Zip:
Contact:	Phone:	E-mail:		
US Citizen:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security Number:		
If not US Citizen, what is your status?				
Visa:	Type:	Number:	Expiration Date:	

#### Position Information

Position Applied For:	
Referral Source:	
Have you ever filed an application before?	
Have you ever been employed here before?	
Are you currently employed?	
Date last employed?	
May we contact your present employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date you would be available for work:	
Work Type Desired:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary

#### Skills

<b>Special Skills and Qualifications:</b>
<b>Licenses and Certifications:</b>

**Education**

Institution	Name/Location	Major	Attended		Graduated		Degree
			From	To	Yes	No	
High School							
College (Undergraduate)							
College (Graduate)							
Vocational/Technical							
Military							
Other							

**Languages Spoken**

**Fluent**

	Yes	No
	Yes	No
	Yes	No

**Professional Associations/Memberships**


**Employment History** (start with most recent)

Name of Firm:	
Address:	
City/State/Zip:	
Nature of Business:	
Job Title:	
Job Duties:	
Supervisor:	
Dates Employed:	
Hourly Rate/Salary:	
Reason for Leaving:	
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Name of Firm:	
Address:	
City/State/Zip:	
Nature of Business:	
Job Title:	
Job Duties:	
Supervisor:	
Dates Employed:	
Hourly Rate/Salary:	
Reason for Leaving:	

Name of Firm:	
Address:	
City/State/Zip:	
Nature of Business:	
Job Title:	
Job Duties:	
Supervisor:	
Dates Employed:	
Hourly Rate/Salary:	
Reason for Leaving:	

**Miscellaneous Information**

Do you have valid a driver's license?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of or sentenced for any violation of the law other than traffic violation? (the existence of a criminal record does not constitute an automatic bar to employment).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please give full particulars:		

**Applicant's Certification and Agreement**

I HEREBY CERTIFY that my answers to the foregoing questions are true and complete and that I have not knowingly withheld any facts, circumstances or other information which would, if disclosed, affect my application. I further understand that any false or misleading statement or omission of pertinent information will result in the rejection of my application, or in dismissal if discovered subsequent to my employment.

I HEREBY AFFIRM that by execution of the application, I acknowledge that the Company has disclosed to me that an Investigative Consumer Report, including information as to my character, general reputation, personal characteristics, and mode of living may be made; and that I, upon written request to the Company made within a reasonable time after the date of this application, may obtain a complete and accurate disclosure of the nature and scope of the investigation requested.

I HEREBY AUTHORIZE the Company to request, and I ALSO AUTHORIZE AND REQUEST each former employer, school attended, and each person, firm, or corporation given as references above, to furnish at any time, any information which may be sought concerning me and my work habits, character or skill, and any other data required, whether in connection with this application or for purposes of complying with surety company requirements or otherwise.

I HEREBY AFFIRM that by submitting this application I agree to submit to medical evaluations and/or examinations, including tests for the presence of illegal drugs or alcohol, prior to and during employment, within a time period prescribed by the Company and as often as directed during employment.

I HEREBY AUTHORIZE the medical examiner to disclose to the Company any and all findings and conclusions arrived at in any examination performed either prior to employment or during employment.

I UNDERSTAND that should I be given employment, such employment shall be for an indefinite period of time and may be terminated, at will, at anytime, for any reason, by me or by the Company without notice or without liability whatsoever, except for unpaid wages or salary earned by the date of termination. I further understand that only the officers of the Company have the authority to enter into any agreement for employment for a specified period of time or to make any agreement contrary to this at will standard and that any such agreement must be in writing.

I UNDERSTAND that if I am employed, the terms and conditions of my employment will be governed by this application and the Company's Terms of Employment and Policy and Procedures, as amended from time to time by the Company.

.....  
Signature

.....  
Date