



EMPLOYMENT APPLICATION

Please answer each question fully and accurately. No action can be taken on this application until all questions have been answered.
PLEASE PRINT, except for signature at the end of this application. **USE INK.**

PERSONAL DATA	LEGAL NAME:		DATE:	
	Last		MI	
	ADDRESS:		City	
	PO Box/Street		State	
	Zip		OTHER PHONE:	
	PRIMARY PHONE:		OTHER PHONE:	
EMAIL ADDRESS:		OTHER PHONE:		
REFERRED BY:	<input type="checkbox"/> INTERNET www. _____ <input type="checkbox"/> JOB SERVICE _____ <input type="checkbox"/> NEWSPAPER AD (Which paper?) _____	<input type="checkbox"/> RELATIVE EMPLOYED HERE (Who?) _____ <input type="checkbox"/> PAST EMPLOYEE (Who?) _____ <input type="checkbox"/> CURRENT EMPLOYEE (Who?) _____ <input type="checkbox"/> OTHER: _____		

EMPLOYMENT DATA	POSITION(S) APPLYING FOR:		DESIRED WAGE:	TYPE OF EMPLOYMENT YOU ARE SEEKING: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY
	1.		DATE YOU CAN BEGIN WORK:	CAN WORK: <input type="checkbox"/> MON <input type="checkbox"/> TUE <input type="checkbox"/> WED <input type="checkbox"/> THU <input type="checkbox"/> FRI <input type="checkbox"/> SAT <input type="checkbox"/> SUN <input type="checkbox"/> EVENINGS <input type="checkbox"/> HOLIDAYS
	2.			
	YES	NO	ARE YOU OVER THE AGE OF 16?	
			ARE YOU OVER THE AGE OF 18?	
			WERE YOU EVER EMPLOYED HERE PREVIOUSLY? IF YES, WHEN?	
			HAVE YOU BEEN CONVICTED OF OR PLED NO CONTEST TO A FELONY OR ANY OTHER CRIME INVOLVING DISHONESTY OR THEFT? IF YES, PLEASE DESCRIBE (A CONVICTION WILL NOT NECESSARILY BAR YOU FROM EMPLOYMENT):	
			IF HIRED, CAN YOU PROVIDE PROOF OF ELIGIBILITY TO WORK IN THE U.S.?	
		HAVE YOU WORKED OR ATTENDED SCHOOL UNDER ANY OTHER NAME(S)? IF YES, GIVE NAME(S):		

EDUCATION	NAME & LOCATION:	DIPLOMA/DEGREE:	SUBJECT STUDIED:
	HIGH SCHOOL		
	COLLEGE		
	OTHER		

SKILLS	LIST OTHER SKILLS AND/OR ADDITIONAL TRAINING YOU HAVE RELATED TO THE POSITION FOR WHICH YOU ARE APPLYING:
	LIST MACHINES AND/OR EQUIPMENT YOU CAN OPERATE RELATED TO THE POSITION FOR WHICH YOU ARE APPLYING:
	LIST COMPUTER SKILLS:

EMPLOYMENT RECORD (start with most recent job)	Please start with your most recent employer, including military service. If you are currently employed, may we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	NAME OF EMPLOYER (BUSINESS)		JOB TITLE AND DUTIES
	DATES OF EMPLOYMENT (MO/YR) FROM: _____ TO: _____		ADDRESS
	PAY: START \$ _____ FINAL \$ _____		CITY, STATE, ZIP CODE
	REASON FOR LEAVING	SUPERVISOR(S)	TELEPHONE
	NAME OF EMPLOYER (BUSINESS)		JOB TITLE AND DUTIES
	DATES OF EMPLOYMENT (MO/YR) FROM: _____ TO: _____		ADDRESS
	PAY: START \$ _____ FINAL \$ _____		CITY, STATE, ZIP CODE
	REASON FOR LEAVING	SUPERVISOR(S)	TELEPHONE
	NAME OF EMPLOYER (BUSINESS)		JOB TITLE AND DUTIES
	DATES OF EMPLOYMENT (MO/YR) FROM: _____ TO: _____		ADDRESS
	PAY: START \$ _____ FINAL \$ _____		CITY, STATE, ZIP CODE
	REASON FOR LEAVING	SUPERVISOR(S)	TELEPHONE
	Professional Reference:		Personal Reference:
	Name: _____ Phone: _____	Name: _____ Phone: _____	
Professional Reference:		Personal Reference:	
Name: _____ Phone: _____	Name: _____ Phone: _____		
Professional Reference:		Personal Reference:	
Name: _____ Phone: _____	Name: _____ Phone: _____		

PLEASE READ CAREFULLY BEFORE SIGNING

This company is an equal opportunity employer and selects individuals best matched for the job based upon job-related qualifications regardless of race, religion, color, creed, sex, sexual orientation, national origin, age, disability, or any other status or characteristic protected by law.

In the processing of my employment application, an investigation may be conducted whereby information and references will be requested from former employers and other persons. Permission is hereby granted to any school, person, firm or corporation, whether my former employer or otherwise, to give this company any relevant information that may be required as determined by the company to arrive at an employment decision. I hereby authorize the company to obtain such information, and I release this company, its officers, employees, representatives, or agents, from any and all liability and/or damage incurred by me in accessing or using such information.

In consideration of my employment, I agree to conform to the rules and regulations of the company. I understand that my employment (and the terms and benefits provided or paid to me) is not intended to, and does not constitute any contractual relationship. I also understand that, as a matter of company policy, every aspect of my employment relationship with the company is on an at-will basis, meaning that the Company or I may terminate my employment at any time, for any reason, with or without cause. As part of this at-will policy, I understand that the Company expressly reserves its inherent authority to manage and control the business enterprise and to exercise its sole discretion to determine all issues pertaining to my employment, including all matters pertaining to promotion, job assignment, the size of the workforce, demotion, transfer and discipline. I further understand that no supervisor or manager of the company has any authority to enter into any agreement for employment, written or verbal, or to alter the at-will nature of my employment. The only way to change my at-will status would be through a written agreement signed by a partner of Delavan Lake Lawn Management, LLC.

I understand that if hired, my employment may be terminated by the company due to any misrepresentation, misinformation or inaccuracy of the statements contained in this Application for Employment. I authorize the company to investigate all statements contained in this application for accuracy and completeness, and to obtain any transcripts, records, or documents pertaining to my background and business experience.

SIGNATURE: _____	DATE: _____
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