



DESIGN . BUILD . MAINTAIN

Lawn Logic
PO Box 72, 6247 US 31 South
Charlevoix, MI 49721
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Landscape-Logic.com

PLEASE PRINT ALL INFORMATION AS REQUESTED EXCEPT SIGNATURE

DATE: _____

NAME _____
LAST FIRST MIDDLE MAIDEN

Present Address: _____
NUMBER STREET CITY STATE ZIP

How long at present address? Yrs _____ Months _____ Telephone: _____

Email Address: _____

Days/Hours available to work
No Pref _____ Mon. _____
Tues. _____ Wed. _____
Thurs. _____ Fri. _____
Sat. _____ Sun. _____

Postion applied for (1) _____

and salary desired (2) _____

(Be specific)

How many hours can you work weekly? _____

Employment desired _____ FULL-TIME ONLY _____ PART-TIME ONLY _____ FULL- OR PART-TIME

When available for work? _____

Table with 5 columns: TYPE OF SCHOOL, NAME OF SCHOOL, LOCATION (Complete mailing address), NUMBER OF YEARS COMPLETED, MAJOR & DEGREE. Rows include High School, College, Bus. Or Trade School, and Professional School.

HAVE YOU EVER BEEN CONVICTED OF A CRIME? _____ NO _____ YES

If yes, explain number of conviction(s), nature of offense(s) leading to conviction, how recently such offense(s) was/were committed, sentence(s) imposed and type(s) of rehabilitation. _____

PLEASE COMPLETE ALL PAGES

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APPLICATION FOR EMPLOYMENT

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? _____ YES _____ NO

ARE YOU NOW A MEMEBER OF THE NATIONAL GUARD? _____ YES _____ NO

Specialty _____ Date Entered _____ Discharge Date _____

Work Experience

Please list your work experience for the past five years beginning with your most recent job held. IF you were self employed, give firm name. **Attach additional sheets if necessary.**

Name of Employer Address City, State, Zip Code Phone Number	Name of Last Supervisor	Employment dates	Pay/Salary
		From	Start
		To	Final
Your last job title			
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
May we contact your employer?			

Name of Employer Address City, State, Zip Code Phone Number	Name of Last Supervisor	Employment dates	Pay/Salary
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		To	Final
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May we contact your employer?			

May we contact your present employer? _____ Yes _____ No

Did you complete this application yourself? _____ Yes _____ No

If not, who did? _____

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APPLICATION FOR EMPLOYMENT

DO YOU HAVE A DRIVER'S LICENSE? _____ Yes _____ No

What is your means of transportation to work? _____

Driver's license Number _____

State of Issue _____

____ Operator ____ Commercial (CDL) ____ Chauffer

Expiration Date _____

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? _____

References

(No Relatives)

Relationship

Name _____

Address _____

City, State & Zip _____

Telephone _____

Comment _____

Relationship

Name _____

Address _____

City, State & Zip _____

Telephone _____

Comment _____

Relationship

Name _____

Address _____

City, State & Zip _____

Telephone _____

Comment _____

IMPORTANT AUTHORIZATIONS

Read each paragraph carefully and initial each before signing the application

“I agree to notify the company immediately of any traffic violations for which I am charged”

Initials _____

“I understand that if hired, I may not hold other employment, nor engage in other activities that create a conflict of interest with my position with the company unless given permission in writing by the company.”

Initials _____

“I authorize the investigation of all statements contained in this application and any accompanying documentation, if any, and further authorize any person, school, current or past employer(s) and organizations named in this application form to provide the company with records, information and opinions that may be useful in making a hiring decision. I release all informants from all liabilities for damage that may result from furnishing information and opinions which are truthful and made in good faith to you.”

Initials _____

“If I accept employment with the company, I agree to comply with the rules, regulations, policies and procedures of the company.”

Initials _____

I certify that all information I have provided in the above application is complete and true.

Signed: _____

Date: _____