

Employment Application Form

APPLICANT INFORMATION										
Last Name		First		M.I.	Date					
Street Address					Apartment/Unit #					
City				State			ZIP			
Phone				E-mail Address						
Date Available				Social Security No.			D.O.B			
Position Applied for										
Desired Salary			Days/Hours Available to Work	<input type="radio"/> Mon _____ <input type="radio"/> Tues _____ <input type="radio"/> Wed _____	<input type="radio"/> Thurs _____ <input type="radio"/> Fri _____ <input type="radio"/> Sat _____	<input type="radio"/> Sun _____	Are you currently in school?	<input type="radio"/> Yes <input type="radio"/> No		
Employment Desired	<input type="radio"/> Full-Time <input type="radio"/> Part-Time <input type="radio"/> Summer Only				Are you employed now?	<input type="radio"/> Yes <input type="radio"/> No	If so where:			
Are you a citizen of the United States?	YES <input type="radio"/>	NO <input type="radio"/>			If no, are you authorized to work in the U.S.?	YES <input type="radio"/>	NO <input type="radio"/>			
Have you ever worked for this company?	YES <input type="radio"/>	NO <input type="radio"/>			If so, when?					
Have you ever been convicted of a crime/felony?	YES <input type="radio"/>	NO <input type="radio"/>			If yes, explain					
Have you ever been arrested in the past ten years?	YES <input type="radio"/>	NO <input type="radio"/>			If yes, explain					
Do you have a driver's license?	YES <input type="radio"/>	NO <input type="radio"/>			What is your means of transportation?					
Driver's License Number:			State of Issue:			Expiration Date:				
Have you had any accidents during the past three years?	YES <input type="radio"/>	NO <input type="radio"/>			If yes, how many?					
Have you had any moving violations during the past three years?	YES <input type="radio"/>	NO <input type="radio"/>			If yes, how many?					
License (CDL, Hydraulic, ect.)					Is it up to date?					
Equipment Operation Experience? If yes, what?							How long?			

REFERENCES			
State name of relatives and/or friends working for us:			
Full Name		Relationship	
Company			Phone
Address			
Full Name			Relationship
Company			Phone
Address			

EDUCATION						
<u>High School</u>				Address		
From	To	Did you graduate?	YES <input type="radio"/>	NO <input type="radio"/>	Degree	
<u>College</u>				Address		
From	To	Did you graduate?	YES <input type="radio"/>	NO <input type="radio"/>	Degree	
<u>Other</u>				Address		
From	To	Did you graduate?	YES <input type="radio"/>	NO <input type="radio"/>	Degree	

WORK EXPERIENCE

Name of Company:		Position:	<input type="radio"/> Full-Time <input type="radio"/> Part-Time
Phone Number:	Supervisor:	May we contact?	
City:	State:	Dates Employed:	
Starting Wage:		Ending Wage:	

Duties:

Name of Company:		Position:	<input type="radio"/> Full-Time <input type="radio"/> Part-Time
Phone Number:	Supervisor:	May we contact?	
City:	State:	Dates Employed:	
Starting Wage:		Ending Wage:	

Duties:

Name of Company:		Position:	<input type="radio"/> Full-Time <input type="radio"/> Part-Time
Phone Number:	Supervisor:	May we contact?	
City:	State:	Dates Employed:	
Starting Wage:		Ending Wage:	

Duties:

SPECIAL CONSIDERATION FOR GENERAL LABOR (Answers will not disqualify you from consideration)

Are you able to bend to lift from the ground?	YES <input type="radio"/> NO <input type="radio"/>	If NO, explain:
Are you able to work outdoors in all seasons?	YES <input type="radio"/> NO <input type="radio"/>	If NO, explain:
Are you able to drive a vehicle?	YES <input type="radio"/> NO <input type="radio"/>	If NO, explain:
Are you able to do handwork with a rake, trimmers or other tool?	YES <input type="radio"/> NO <input type="radio"/>	If NO, explain:
Are you able to handle gasoline, diesel fuel, insecticides, etc?	YES <input type="radio"/> NO <input type="radio"/>	If NO, explain:
Are you able to spend hours on your feet?	YES <input type="radio"/> NO <input type="radio"/>	If NO, explain:
Are you able to lift heavy loads up to 80 LBS?	YES <input type="radio"/> NO <input type="radio"/>	If NO, explain:
Are you able to extend your hours to complete a job?	YES <input type="radio"/> NO <input type="radio"/>	If NO, explain:
Are you proficient in pulling a trailer?	YES <input type="radio"/> NO <input type="radio"/>	IF YES, explain:
Do you have pre-existing knowledge of plants, lawn installations, hardscape and/or landscaping?	YES <input type="radio"/> NO <input type="radio"/>	If YES, what:
Do you have previous experience in lawn maintenance, mowing, weed eating, trimmers, etc?	YES <input type="radio"/> NO <input type="radio"/>	If YES, what:

If you answered YES to any of the above questions please explain:

CRIMINAL BACKGROUND CHECK

It is the policy of Clapper & Company to do criminal background checks on all applicants before employment begins. Please sign the authorization below allowing us to do this background check.

I, _____, authorize Clapper & Company to complete a criminal background check on me.

Signature _____

Date _____

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature _____

Date _____