



GENERAL EMPLOYMENT APPLICATION

PERSONAL INFORMATION

FULL NAME: _____ **DATE:** _____
First Middle Last

ADDRESS: _____
Street Address Apt/Suite

City State Zip Code

E-MAIL: _____ **PHONE:** _____

SOCIAL SECURITY NUMBER (SSN): ____ - ____ - ____

DRIVER'S LICENSE NUMBER: ____ - _____

DATE OF BIRTH: _____

EMPLOYMENT ELIGIBILITY

DATE AVAILABLE: _____ **DESIRED PAY:** \$ _____ HOURLY SALARY

POSITION APPLIED FOR: _____

EMPLOYMENT DESIRED: FULL-TIME PART-TIME SEASONAL

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S.? YES NO

HAVE YOU EVER WORKED FOR THIS EMPLOYER? YES* NO

***IF YES, WRITE THE START AND END DATES:** _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES* NO

***IF YES, PLEASE EXPLAIN:** _____

HAVE YOU HAD ANY MOTOR VEHICLE ACCIDENTS IN THE LAST 3 YEARS? YES* NO

***IF YES, PLEASE EXPLAIN:** _____

HAVE YOU HAD ANY MOTOR VEHICLE TICKETS IN THE LAST 3 YEARS: YES* NO

***IF YES, PLEASE EXPLAIN:** _____

EDUCATION

HIGH SCHOOL: _____ **CITY / STATE:** _____

FROM: _____ **TO:** _____

GRADUATE? YES NO **DIPLOMA:** _____

COLLEGE: _____ **CITY / STATE:** _____

FROM: _____ **TO:** _____

GRADUATE? YES NO **DEGREE:** _____

WORK EXPERIENCE

Company Name	Period	Position	Reason for Leaving

MILITARY SERVICE

ARE YOU A VETERAN? YES NO

BRANCH: _____ **RANK AT DISCHARGE:** _____

FROM: _____ **TO:** _____

TYPE OF DISCHARGE: _____

IF NOT HONORABLE, PLEASE EXPLAIN: _____

Miscellaneous Information

Emergency Contact

NAME: _____

PHONE NUMBER: _____

Allergies

ARE YOU ALLERGIC TO ANY SPECIFIC FOODS, MEDICATIONS, PESTICIDES, OR INSECTS?

YES* NO

IF YES, PLEASE EXPLAIN: _____

DO YOU HAVE EXPERIENCE USING LAWN EQUIPMENT SUCH AS ZERO TURN MOWERS, WEED WHACKERS, PUSH MOWERS, AND BLOWERS?

YES* NO

IF YES, PLEASE EXPLAIN: _____

DO YOU HAVE EXPERIENCE DRIVING A PICK-UP TRUCK AND TRAILER?

YES* NO

IF YES, PLEASE EXPLAIN: _____

BACKGROUND CHECK / DISCLAIMER

IF ASKED, ARE YOU WILLING TO CONSENT TO A BACKGROUND CHECK? YES NO

Applicant understands that this is an Equal Opportunity Employer and committed to excellence through diversity. In order to ensure this application is acceptable, please print or type with the application being fully completed for it to be considered.

Please complete each section EVEN IF you decide to attach a resume.

I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual employment, I understand that any false or misleading information in my application or interview may result in my employment being terminated.

SIGNATURE _____ **DATE** _____

PRINT NAME _____

PLEASE EMAIL TO STETTERLAWNCARE@GMAIL.COM WITH THE SUBJECT LINE "EMPLOYMENT APPLICATION"