

# EMPLOYMENT APPLICATION FORM

APPLICATION FOR EMPLOYMENT  
 APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE PRINT ALL  
 INFORMATION REQUESTED  
 EXCEPT SIGNATURE

DATE

NAME   

LAST
FIRST
MIDDLE

PRESENT ADDRESS   

NUMBER
STREET
CITY
STATE
ZIP

HOW LONG  SOCIAL SECURITY NO.

TELEPHONE (  ) BIRTHDATE   
MM / DD / YYYY

POSITION APPLIED FOR  DAYS/HOURS AVAILABLE TO WORK

SALARY DESIRED  NO PEF  THUR   
PLEASE BE SPECIFIC

HOW MANY HOURS CAN YOU WORK WEEKLY?  MON  FRI

CAN YOU WORK WEEKENDS?  TUE  SAT

HOW MANY HOURS CAN YOU WORK WEEKLY?  WED  SUN

EMPLOYMENT DESIRED  FULL-TIME ONLY  PART-TIME ONLY  FULL- OR PART-TIME

WHEN AVAILABLE FOR WORK?

| TYPE OF SCHOOL       | NAME OF SCHOOL | LOCATION<br>(COMPLETE MAILING ADDRESS) | NUMBER OF YEARS COMPLETED | MAJOR & DEGREE |
|----------------------|----------------|--|---------------------------|----------------|
| HIGH SCHOOL          |                |  |                           |                |
| COLLEGE              |                |  |                           |                |
| BUS. OR TRADE SCHOOL |                |  |                           |                |
| 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(S), HOW RECENTLY SUCH OFFENSE(S) WAS/WERE COMMITTED, SENTENCE(S) IMPOSED, AND TYPE(S) OF REHABILITATION.

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DO YOU HAVE A DRIVER'S LICENSE?  NO  YES

WHAT IS YOUR MEANS OF TRANSPORTATION TO WORK?

DRIVER'S LICENSE NUMBER  STATE OF ISSUE   
 OPERATOR  COMMERCIAL (CDL)  CHAUFFEUR

HOW MANY ACCIDENTS HAVE YOU HAD IN THE PAST THREE YEARS?

HOW MANY MOVING VIOLATIONS HAVE YOU HAD IN THE PAST THREE YEARS?

PLEASE LIST TWO REFERENCES OTHER THAN RELATIVES OR PREVIOUS EMPLOYERS.

NAME  NAME

POSITION  POSITION

COMPANY  COMPANY

ADDRESS  ADDRESS

TELEPHONE ( )  TELEPHONE ( )

HAVE YOU EVER BEEN IN THE ARMED FORCES?  YES  NO

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?  YES  NO

SPECIALTY  DATE ENTERED  DISCHARGE DATE

AN APPLICATION FORM SOMETIMES MAKES IT DIFFICULT FOR AN INDIVIDUAL TO ADEQUATELY SUMMARIZE A COMPLETE BACKGROUND. PLEASE USE THE SPACE BELOW TO SUMMARIZE ANY ADDITIONAL INFORMATION NECESSARY TO DESCRIBE YOUR FULL QUALIFICATIONS FOR THE SPECIFIC POSITION FOR WHICH YOU ARE APPLYING.

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## WORK EXPERIENCE

PLEASE LIST YOUR WORK EXPERIENCE FOR THE PAST TWO EMPLOYERS BEGINNING WITH YOUR MOST RECENT JOB HELD. IF YOU WERE SELF-EMPLOYED, GIVE FIRM NAME.

|                                  |                      |                         |                      |       |
|----------------------------------|----------------------|-------------------------|----------------------|-------|
| EMPLOYER                         | <input type="text"/> | NAME OF LAST SUPERVISOR | <input type="text"/> |       |
| ADDRESS                          | <input type="text"/> | EMPLOYMENT DATES        | FROM                 | TO    |
|                                  | <input type="text"/> |                         |                      |       |
| TELEPHONE                        | (    )               | PAY OR SALARY           | START                | FINAL |
|                                  |                      |                         |                      |       |
| REASON FOR LEAVING (BE SPECIFIC) | <input type="text"/> |                         |                      |       |

LIST THE JOBS YOU HELD, DUTIES PERFORMED, SKILLS USED OR LEARNED, ADVANCEMENTS OR PROMOTIONS WHILE YOU WORKED AT THIS COMPANY.

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|----------------------------------|----------------------|-------------------------|----------------------|-------|
| EMPLOYER                         | <input type="text"/> | NAME OF LAST SUPERVISOR | <input type="text"/> |       |
| ADDRESS                          | <input type="text"/> | EMPLOYMENT DATES        | FROM                 | TO    |
|                                  | <input type="text"/> |                         |                      |       |
| TELEPHONE                        | (    )               | PAY OR SALARY           | START                | FINAL |
|                                  |                      |                         |                      |       |
| REASON FOR LEAVING (BE SPECIFIC) | <input type="text"/> |                         |                      |       |

LIST THE JOBS YOU HELD, DUTIES PERFORMED, SKILLS USED OR LEARNED, ADVANCEMENTS OR PROMOTIONS WHILE YOU WORKED AT THIS COMPANY.

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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 FORM WAIVER

PLEASE READ CAREFULLY

In exchange for the consideration of my job application by West Chester Lawn Care Inc., I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of West Chester Lawn Care Inc., or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President/General Manager of the Company. Both the undersigned and West Chester Lawn Care Inc. may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contact.

I also understand that (1) the Company has an anti-drug and alcohol policy that may require testing for employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party. Upon the commencement of the ninety (90) days, an evaluation will be conducted to further the needs of the Company and the undersigned.

SIGNATURE OF  
APPLICANT

DATE

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.