



PRE-EMPLOYMENT APPLICATION



Arrowhead Landscape/Winter Services, Inc. utilizes specific drug testing policies. Please refer to the Employee Policies and Manuals for more information.

Our Company is an equal opportunity employer and will consider all applicants for all positions equally without regard to their race, sex, age, color, religion, national origin, veteran status, any disability as defined in the Americans With Disabilities Act, or for any other reason protected by State or Federal law.

This application will be given every consideration, but its receipt does not imply that the applicant will be employed. Each question should be answered in a complete and accurate manner as no action can be taken on this application until all questions have been answered.

Please indicate which company you are applying with: Arrowhead Landscape Services, Inc. Arrowhead Winter Services, Inc.

PERSONAL INFORMATION

Name _____ Date ____/____/____
 LAST FIRST MIDDLE Home Phone (____) _____
 Cell Phone (____) _____ E-Mail Address _____
 Present Address _____
 NO. STREET CITY STATE ZIP

Are you 18 years of age or older? Yes No

Are you a citizen of the U.S. or do you have the legal right to be employed in the United States? Yes No

Have you been convicted of (or pleaded no contest to) any crime within the last 10 years (excluding minor traffic violations) including driving under the influence of alcohol or drugs? Yes No (NOTE: A conviction will not necessarily disqualify you from employment.)

If Yes, state the offence, location, date and disposition _____

Do you have the ability, with or without reasonable accommodations, to work overtime or to travel if travel and/or overtime are required by the job for which you are applying? Yes No

If No, please explain _____

Would you be willing and able to relocate? Yes No

EMPLOYMENT DESIRED

Are you seeking full time part time are you willing to accept temporary or seasonal employment?

Position applied for _____ Salary Desired _____

Date available to start _____

Have you ever applied with our company before? Yes No Have you ever worked for our company before? Yes No

If your answer to either of the above questions is Yes, state when and where you applied and/or worked. _____

How did you learn of our company and/or position? _____

Are you now, or do you expect to be, working in any other business or job? Yes No

Are there any days or hours you would be unable or unwilling to work? Yes No

If Yes, please specify those days and hours you would be unable or unwilling to work _____

Is there any type of work which you will not perform? Yes No

If Yes, please explain _____

EDUCATION

Name, Address and Location		Graduate?	Courses Studied
High School	Circle highest Grade completed 9 10 11 12	<input type="checkbox"/> Yes <input type="checkbox"/> No	Diploma:
College	Circle number of years completed 1 2 3 4 4+	<input type="checkbox"/> Yes <input type="checkbox"/> No	Major: Minor: Degree(s):
Trade School	Number of months attended	<input type="checkbox"/> Yes <input type="checkbox"/> No	Diploma or Certificate:

If you did not graduate, why did you leave high school or college? _____

Are you planning to pursue further studies? Yes No If so, when, where and what courses? _____

List any scholastic honors, offices held and activities involved in during high school and college. (Please exclude those which may reflect race, sex, color, religion, national origin, disability, sexual orientation or other protected status) _____

Please describe any other special courses, seminars or training which could enable you to perform the position for which you are applying. _____

MILITARY

Have you ever served in the military? Yes No

Service Branch _____ Final Rank _____

What duties, training or experience did you have while in the military which may be job related? _____

CAPABILITY/RELIABILITY

Would you be willing and able to perform all of the tasks required by the job you are applying for? Yes No

If not, please explain which tasks _____

Have you filed any type of fraudulent claim against any of your present or past employer? Yes No

If Yes, please explain _____

Will you abide by the safety rules of this company? Yes No

Have you ever been disciplined for violating company safety rules or regulations? Yes No

If Yes, please explain _____

How many days of work (or school) have you missed in the last two years? _____

How many times have you been late for work (or school) in the last two years? _____

Consistent attendance and punctuality are essential requirements of every job in our company. Would you be willing and able to report to work on time every day on a regular and consistent basis? Yes No

If No, please explain _____

Have you ever been disciplined or received verbal or written warnings for absenteeism or tardiness? Yes No

If Yes, please explain _____

Have you ever been fired, or asked to resign from a job? Yes No

If Yes, please explain _____

WORK HISTORY

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references.

DO NOT REFERENCE YOUR RESUME

PLEASE GIVE MONTH AND YEAR

Name of Employer Address City, State, Zip Code		Name and Title of Last Supervisor	Dates Employed		Pay
Telephone Area Code ()	Nature of Business		From: Mo: _____ Yr: _____	To: Mo: _____ Yr: _____	Starting \$ _____ Ending \$ _____
Title		Reason for Leaving			

Describe duties performed, skills used/learned, advancements/promotions earned:

Name of Employer Address City, State, Zip Code		Name and Title of Last Supervisor	Dates Employed		Pay
Telephone Area Code ()	Nature of Business		From: Mo: _____ Yr: _____	To: Mo: _____ Yr: _____	Starting \$ _____ Ending \$ _____
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Title		Reason for Leaving			

Describe duties performed, skills used/learned, advancements/promotions earned:

SUPPLEMENTAL INFORMATION

If you worked in any of your previous positions under another name, please give that name(s) below: (For reference checking purposes) Name @ Company _____ Name @ Company _____

Are you presently employed? Yes No If yes, may we contact your present employer? Yes No

Please list all periods of time since high school or college during which you were not employed _____

How did you spend this time? _____

What languages do you speak fully? _____

Do you have a Driver's License? Yes No

If Yes, State of Issue: _____ License Number: _____ Class: _____ Expiration: _____

SPECIAL SKILLS

Do you type? Yes No Words Per Minute _____

Please list all software programs in which you are proficient, indicating how many years work experience you have with each: _____

List other computer skills, programming languages, or computer training you have had: _____

List other technical training, skills or work experience which may qualify you for a job with us: _____

Use this space below to describe why you are interested in working for our company and to list those skills and abilities which you feel particularly qualify you for a position with us. If you need more space, please continue on a separate sheet.

REFERENCES

Give three references, not relatives or former employers

NAME	ADDRESS	PHONE	OCCUPATION

AFFIDAVIT

I certify that my answers to the foregoing questions are true and correct without any consequential omissions of any kind whatsoever. I understand that if I am employed, any false misleading or otherwise incorrect statements made on this application form or during any interviews may be grounds for my immediate discharge.

I hereby authorize the Company to contact any company or individual if deems appropriate to investigate my employment history, character and qualifications and give my full and complete consent to their revealing any and all information they wish as a result of this investigation. In addition, I hereby waive my right to bring any cause of action against these individuals for libel, slander, defamation, invasion of privacy or any other reason because of their statements.

I agree that, if I am employed, I will abide by all the rules and regulations of the Company. I understand that the taking of drug and alcohol tests, when given pursuant to company policy, are a condition of continued employment and refusal to take such tests when asked will be grounds for my immediate termination. I further understand that nobody in the Company is authorized to enter into any written or verbal employment contracts with me for any definite period of time without the express written consent of the President of the Company. I also understand that my employment is at-will and may be terminated by myself or by the company at any time for any reason or for no reason at all, with or without prior notice.

Signature _____ Date ____/____/____

Company Use Only

Is the operation of a company vehicle a job requirement? Yes No

If Yes, has a request for driver's record been made? Yes No