



## Employment Application Form

PLEASE COMPLETE ALL PAGES

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last
First
Middle

Present Address: \_\_\_\_\_  
Street
City
State
Zip

Cell Phone: \_\_\_\_\_ Other: \_\_\_\_\_ Email: \_\_\_\_\_

Position applied for: \_\_\_\_\_ Days / hours available to work

How did you hear about us: \_\_\_\_\_

No Pref _____	Thur _____
Mon _____	Fri _____
Tue _____	Sat _____
Wed _____	Sun _____

Desired Pay: \_\_\_\_\_

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

When are you available to start work? \_\_\_\_\_

Why do you want this position? \_\_\_\_\_

What do you think you would enjoy about this position? \_\_\_\_\_

School Attended: \_\_\_\_\_

High School <input type="checkbox"/>	College / University <input type="checkbox"/>	Business / Trade School <input type="checkbox"/>	Other (specify): _____
Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Have you ever been convicted of a crime?       Yes       No

If yes, please 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. \_\_\_\_\_

Do you have a valid driver's license?       Yes       No      Any restrictions? \_\_\_\_\_

Have you pulled a trailer before and know how to navigate?       Yes       No

Have you had any accidents during the past three years?       Yes       No

Have you had any moving violations during the past three years?       Yes       No      If yes, how many? \_\_\_\_\_

Have you had any safety issues in past employment?       Yes       No

Rate your skill level in landscaping experience (1 = novice, 10 = professional)

Lawn Installation: \_\_\_\_\_ Irrigation: \_\_\_\_\_ Flowerbed Maintenance: \_\_\_\_\_ Pruning: \_\_\_\_\_ Hedge Trimming: \_\_\_\_\_ Mulching: \_\_\_\_\_

Rate your skill level on power equipment experience (1 = novice, 10 = professional)

ZTR Mowers: \_\_\_\_\_ Push Mowing: \_\_\_\_\_ Trimmers: \_\_\_\_\_ Edging: \_\_\_\_\_ Hedge Trimmers: \_\_\_\_\_ Chainsaw: \_\_\_\_\_ Blowers: \_\_\_\_\_  
 Pruning Tools: \_\_\_\_\_ Small Engine Preventative Maintenance: \_\_\_\_\_ Auto Preventative Maintenance: \_\_\_\_\_ Safety: \_\_\_\_\_

ARE YOU NOW A MEMBER 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 the most recent job held. If you were self-employed, give company name. **Attach additional sheets if necessary.**

Name of Employer: _____	Employment Dates	Pay or Salary
Address: _____	From: _____	Starting: _____
City, State, Zip: _____	To: _____	Ending: _____
Phone No: _____	Name of last Supervisor: _____	

If current, may we contact your employer?  Yes  No Your Last Job Title: \_\_\_\_\_

Reason for leaving: (Be Specific) \_\_\_\_\_

*List the positions held, duties performed, skills used or learned, advancements or promotions while you worked at this company.*

Name of Employer: _____	Employment Dates	Pay or Salary
Address: _____	From: _____	Starting: _____
City, State, Zip: _____	To: _____	Ending: _____
Phone No: _____	Name of last Supervisor: _____	

Your Last Job Title: \_\_\_\_\_

Reason for leaving: (Be Specific) \_\_\_\_\_

*List the positions held, duties performed, skills used or learned, advancements or promotions while you worked at this company.*

Name of Employer: _____	Employment Dates	Pay or Salary
Address: _____	From: _____	Starting: _____
City, State, Zip: _____	To: _____	Ending: _____
Phone No: _____	Name of last Supervisor: _____	

Your Last Job Title: \_\_\_\_\_

Reason for leaving: (Be Specific) \_\_\_\_\_

*List the positions held, duties performed, skills used or learned, advancements or promotions while you worked at this company.*



PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by No Worries Lawn Care, 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 No Worries Lawn Care practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of No Worries Lawn Care 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 owner of No Worries Lawn Care. Both the undersigned and No Worries Lawn Care may end the employment relationship at any time, without specified notice or reason. If employed, I understand that No Worries Lawn Care 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 No Worries Lawn Care permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release No Worries Lawn Care from any liability as a result of such contact.

I also understand that (1) No Worries Lawn Care has a drug and alcohol policy that provides for pre-employment testing as well as random and/or periodic testing after 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 further understand that my employment with No Worries Lawn Care shall be probationary for a period of thirty (30) days, and further that at any time during the probationary period or thereafter, my employment relation with No Worries Lawn Care is terminable at will for any reason by either party.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

No Worries Lawn Care is an equal opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, national origin, citizenship, age or disability. We assure you that your opportunity for employment with No Worries Lawn Care depends solely on your qualifications.

*Thank you for completing this application form and your interest in joining our team.*