

**Smith Lawnscares LLC**

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# Job Application

**Personal Information**

Last		First		MI	SSN#	Email	
Street Address			City	ST	Zip	Home Phone	Mobile Phone
Are you entitled to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No				Are you 18 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, Date of Birth	
Have you been convicted of a felony or been incarcerated in connection with a felony in the past seven years? <input type="checkbox"/> Yes <input type="checkbox"/> No				If yes, please explain:			
Military Service? <input type="checkbox"/> Yes <input type="checkbox"/> No				Branch		Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Valid Drivers License? Yes <input type="checkbox"/> No <input type="checkbox"/>				War			
What position are you applying for?				How did you hear about this position?			
Expected Hourly Rate		Expected Weekly Earnings		Date Available			

**Prior Work Experience**

	Current or Most Recent		Prior		Prior	
Employer						
Address						
City, ST, ZIP						
Telephone						
Name of Immediate Supervisor						
Dates of Employment	From	To	From	To	From	To
Position/Job Title						
Pay						
Reason for Leaving						
May We Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Education**

	Name/Location	Last Year Complete				Degree	Major or Emphasis
High School		9	10	11	12		
College/University		1	2	3	4		
Trade School							
Other							
List any applicable special skills, training or proficiencies.							

Disclaimer - By signing, I hereby certify that the above information, to the best of my knowledge, is correct. I understand that falsification of this information may prevent me from being hired or lead to my dismissal if hired. I also provide consent for former employers to be contacted regarding work records.	Signature	Date
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