

# **Application for Employment**

Please Complete Pages 1-5		Dat	e:	
Name:				
Last	First	Middle		
Present Address:				
Number	Street	City State	Zip	
How Long at Present Address	?s	Social Security Number		
Date of Birth:	City, S	tate, Country of Birth:		
Emergency Contact Name:		Phone:		
Are you legally eligible for em	ployment in the USA?y (*If hired, verification will b			
Home Phone:	Cell Ph	none:		
Employment Desired:Fu	ıll-TimeEi	ther		
Position Applied For: Salary Desired:				
Days/Hours available to work: Mon Tues Wed Thurs Fri Sat Sun Anytime				
Are you available to travel (possibly overnight) for out of town jobs? Yes No				
When are you available to sta	art work?			
EDUCATION:	Name & Location	Graduate? – Degree?	Major / Subjects of Study	
High School				

EDUCATION:	Name & Location	Graduate? – Degree?	Major / Subjects of Study
High School			
College or University			
Specialized Training, Trade School, etc			
Other Education			

HAVE YOU EVER BEEN CONVICTED OF A CRIME?YESNO
If yes, explain number of convictions(s), nature of offense(s) leading to conviction, how recently such offense(s)
was/were committed, sentence(s) imposed, and type(s) of rehabilitation.
DO YOU HAVE A DRIVER'S LICENSE? Yes No CDL Physical Card?YesNo
What is your means of transportation to work?
Driver's License Information:
Number: State of Issue: OperatorCommercial
Expiration Date:
Have you had any accidents during the past three (3) years?YesNo If yes, how many?
Have you had any moving violations during the past three (3) years?YesNo If yes, how many?
Please use the space below to summarize your background and full qualifications for the specific position for which you are applying:

## **Work Experience**

Current/Most Recent Employer:		loh Title:	
Address:			
Phone:			
Employment Dates: to	Starting Pay:	Current/Ending	Pay:
Reason for Leaving (be specific) :			
List the responsibilities you had, duties worked at this company:	performed, skills used or learne	d, advancements or p	romotions while you
If this is your current employer, may we	e contact them: yes	no	
Employer:		Job Title:	
Address:			
Phone:			
Employment Dates: to			
Reason for Leaving (be specific):			
List the responsibilities you had, duties	performed, skills used or learne	d, advancements or p	romotions while you
worked at this company:			

## **Work Experience (continued)**

Employer:		
Address:	City:	State: Zip Code:
Phone:	Immediate Supervisor: _	
Employment Dates: to	Starting Pay:	Ending Pay:
Reason for Leaving (be specific) :		
List the responsibilities you had, duties perfo worked at this company:	rmed, skills used or learned, adv	ancements or promotions while you
Employer:	Jol	o Title:
Address:	City:	State: Zip Code:
Phone:	Immediate Supervisor: _	
Employment Dates: to	Starting Pay:	Ending Pay:
Employment Dates: to to to	Starting Pay:	Ending Pay:
	Starting Pay:	Ending Pay:
	Starting Pay:	Ending Pay:
Reason for Leaving (be specific) :		
Reason for Leaving (be specific):  List the responsibilities you had, duties perfo		
Reason for Leaving (be specific):  List the responsibilities you had, duties perfo		
Reason for Leaving (be specific) :  List the responsibilities you had, duties perfo		

Did you complete this application yourself? \_\_\_\_ Yes \_\_\_\_No If no, who did?\_\_\_\_\_

#### PLEASE READ CAREFULLY

#### **Application Form Waiver**

In the exchange for the consideration of my job application by Norris Landscaping Services (hereinafter called The Company), 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 in the 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 The Company, or otherwise to change in any respect the employment-at-will relationship between it and The Company, and that relationship cannot be altered except by a written instrument signed by the operator/general manager of The Company. Both the undersigned and The Company 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.

Signature of applicant:	Date:
_	

This company 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 this company depends solely on your qualifications.

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