



SDAOFFICE@sdalawnservice.com | 920.362.0970 | SDALawnservice.com

Application for Employment

Date: _____

Name: _____

Address: _____

Telephone Number: _____ Email: _____

Are you 18 years of age or older?

☐ Yes ☐ No

Are you either a U.S. citizen or an alien authorized to work in the U.S.?

☐ Yes ☐ No

Have you ever worked or attended school under another name? If so, under what name?

Position Desired

Position: _____ Start date available: _____

Wage rate desired: \$ _____ ☐ Hourly ☐ Monthly ☐ Annually

Do you prefer: ☐ Full-time ☐ Part-time If part-time, hours per week desired: _____

Hours you are available to work: _____

Days of week you are available to work: _____

Are you able to work: ☐ Weekends ☐ Holidays ☐ Nights ☐ Overtime

Have you ever been fired from previous employment? ☐ Yes ☐ No

If yes, please provide explanation: _____

How did you learn about this opening? _____

Education

High School:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
Technical School:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
College/University:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
Post-Graduate Education:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
Other education, training or special skills:		

Skills

Are you experienced in using lawn care and landscaping equipment? Check all that apply.

- | | | |
|--|--|---|
| <input type="checkbox"/> Skid Steer | <input type="checkbox"/> Hand Sprayers | <input type="checkbox"/> Front-End Loaders |
| <input type="checkbox"/> Riding Lawnmower | <input type="checkbox"/> Chain Saw | <input type="checkbox"/> Welder |
| <input type="checkbox"/> Truck pulling trailer | <input type="checkbox"/> Power/Hand Pruner | <input type="checkbox"/> Truck Driving |
| <input type="checkbox"/> Front Truck V-Plow | <input type="checkbox"/> Backpack Leaf Blowers | <input type="checkbox"/> Brush Trimmer |
| <input type="checkbox"/> Snow Blower | <input type="checkbox"/> Walk behind Lawnmower | <input type="checkbox"/> Certification CDL |
| <input type="checkbox"/> Power tools | <input type="checkbox"/> Garden Hand Tools | <input type="checkbox"/> Applicator License |

Other skills you feel will be beneficial to the job? _____

Work Experience

Please list all previous employment, beginning with the most recent. If need more space, attach an additional paper or include your resume.			
Employer:		Address:	
From	To	Position Held:	Reason for Leaving:
Supervisor's Name & Title:			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Duties:			
Starting Compensation:		Final Compensation:	

Employer:		Address:	
From	To	Position Held:	Reason for Leaving:
Supervisor's Name & Title:			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Duties:			
Starting Compensation:		Final Compensation:	

References

Identify three persons who know your work ethic and will be able to provide examples of how you work and your skills.

Name: _____ Phone Number: _____ Email: _____

Address: _____ City, State, Zip: _____

Position or Title: _____ Years Known: _____

Name: _____ Phone Number: _____ Email: _____

Address: _____ City, State, Zip: _____

Position or Title: _____ Years Known: _____

Authorization and Acknowledgements

I affirm that the information I have provided in this application is true to the best of my knowledge, information and belief, and I have not knowingly withheld any information requested. I understand that withholding or misstating any information requested in this application is grounds for rejection of my application, and that providing false or misleading information in this application is grounds for discharge.

I authorize the company to verify my references, record of employment, education record, and any other information I have provided. Unless otherwise noted, I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers and all other persons and entities, from any and all claims, demands or liabilities arising out of or in any way related to such inquiry or disclosure.

Applicant's Signature

Date