

# Complete Lawn Care Inc. Employment Application

Thank you for your interest in employment with Complete Lawn Care Inc.

Please read this application carefully, and complete it fully. Print legibly and complete all questions. Indicate "N/A" if the information requested is not applicable.

You may **fax** this to 301-990-6202, or **email** to info@growinglawns.com, or **mail** it to P.O. Box 5147, Laytonsville, MD 20882

## PERSONAL DATA

**DATE:** \_\_\_\_\_

Full Legal Name: \_\_\_\_\_ SS#: \_\_\_\_\_  
Last First Middle

Name you prefer to be called: \_\_\_\_\_

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

Telephone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Are you authorized to work in the U.S.? YES ( ) NO ( ) Proof of citizenship or immigration status will be required prior to employment.

Are you over the age of 18? YES ( ) NO ( ) If no, employment is subject to verification that you are of minimum legal age.

## EMPLOYMENT OBJECTIVE

Specific Position Desired 1. \_\_\_\_\_ 2. \_\_\_\_\_

Salary Desired: \_\_\_\_\_ Status Desired: Full Time \_\_\_ Seasonal \_\_\_ Part Time \_\_\_ On-Call \_\_\_

Date Available: \_\_\_\_\_ Available: Days \_\_\_ Evenings \_\_\_ Weekends \_\_\_

## GENERAL INFORMATION

How were you referred to us? Agency \_\_\_ Employee \_\_\_ Advertisement \_\_\_ Other \_\_\_

If you were referred by an employee, please list his/her name: \_\_\_\_\_

Have you ever applied for employment at Complete Lawn Care Inc. before? YES ( ) NO ( )

If "yes", give name under which you applied or were employed, dates, and at what location: \_\_\_\_\_

Do you have relatives or friends employed by Complete Lawn Inc. Care? YES ( ) NO ( ) If "yes" please list their name, relationship, and location: \_\_\_\_\_

If the job that you are applying requires a driver's license, complete the following two questions:

(1) Do you have a valid driver's license? YES ( ) NO ( ) \_\_\_\_\_  
State Number Date

(2) Any restrictions on license? YES ( ) NO ( ) If "yes", explain: \_\_\_\_\_

\_\_\_\_\_

**GENERAL INFORMATION (CONTINUED)**

Have you ever been convicted of, Plead nolo contendere (no contest) to, or had adjudication withheld for a crime? Please include all felony and misdemeanor convictions. You may exclude minor traffic violations, but not drug or alcohol related traffic incidents.

YES ( ) NO ( )

Do you have any criminal charges pending? YES ( ) NO ( )

If you answered "yes" to either question, give date(s) and details: \_\_\_\_\_

Have you ever been involuntarily terminated or asked to resign from a job? YES ( ) NO ( )

If "yes" please explain: \_\_\_\_\_

Are you able to perform all of the duties of the job for which you are applying? YES ( ) NO ( )

If no, please explain: \_\_\_\_\_

**EDUCATION**

| School (Name)   | Address (City & State) | Years Attended | Major Field Of Study | Graduate Yes/No | Degree |
|-----------------|------------------------|----------------|----------------------|-----------------|--------|
| High School     |                        |                |                      |                 |        |
| College         |                        |                |                      |                 |        |
| Graduate        |                        |                |                      |                 |        |
| Other (Specify) |                        |                |                      |                 |        |

List academic honors, scholarships, and honorary fraternities: \_\_\_\_\_

Do you plan to continue your education? YES ( ) NO ( ) If "YES", please specify: \_\_\_\_\_

**BUSINESS SKILLS**

Computer: \_\_\_\_\_

Other business equipment / skills: \_\_\_\_\_

List any professional licenses you hold: \_\_\_\_\_

**LANGUAGES (other than English)**

1. \_\_\_\_\_ Read \_\_\_\_\_ Write \_\_\_\_\_ Speak \_\_\_\_\_

2. \_\_\_\_\_ Read \_\_\_\_\_ Write \_\_\_\_\_ Speak \_\_\_\_\_

## PRESENT & PAST EMPLOYMENT

List below all present and past employment, for the last ten years, beginning with the most recent.

|  |                            |                                   |
|--|----------------------------|-----------------------------------|
| Name of Employer:                                | Address:                   | May We Contact?<br>Yes ( ) No ( ) |
| Dates of Employment:<br>From:      To:           | Position Upon Leaving:     | Salary:                           |
| Reason for Leaving:                              | Supervisor Name and Title: | Phone:                            |
| Give Description of Responsibilities and Duties: |                            |                                   |

|  |                            |                                   |
|--|----------------------------|-----------------------------------|
| Name of Employer:                                | Address:                   | May We Contact?<br>Yes ( ) No ( ) |
| Dates of Employment:<br>From:      To:           | Position Upon Leaving:     | Salary:                           |
| Reason for Leaving:                              | Supervisor Name and Title: | Phone:                            |
| Give Description of Responsibilities and Duties: |                            |                                   |

|  |                            |                                   |
|--|----------------------------|-----------------------------------|
| Name of Employer:                                | Address:                   | May We Contact?<br>Yes ( ) No ( ) |
| Dates of Employment:<br>From:      To:           | Position Upon Leaving:     | Salary:                           |
| Reason for Leaving:                              | Supervisor Name and Title: | Phone:                            |
| Give Description of Responsibilities and Duties: |                            |                                   |

**TELL US ABOUT YOURSELF**

Why do you want this position?

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What do you think you would enjoy about this position?

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Where do you see your career in five years?

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## References

Give below the names of three persons not related to you, whom you have known at least one year.

| Name | Address | Phone | Relationship | Years Known |
|------|---------|-------|--------------|-------------|
| 1)   |         |       |              |             |
| 2)   |         |       |              |             |
| 3)   |         |       |              |             |

## APPLICANT'S STATEMENT

I certify that the information contained in this application is correct to the best of my knowledge, and understand that falsification of this information or omission of requested or relevant information is grounds for dismissal. I understand that this application will be given every consideration, but its acceptance does not imply that I will be employed. I consent to the conduct of a background and character investigation through personal interviews with friends, acquaintances, and references. This investigation may make inquiry as to my character, general reputation, personal characteristics and mode of living. I give my permission to the company to contact any of the former employers or references listed in this application to verify the information I have given and consent to the release of all records of my former employment, including assessments of my job performance, ability and fitness.

I understand that the company may require a Motor Vehicle Record (MVR) report.

I understand that the company reserves the right to require a drug/alcohol screen of an applicant or employee prior to employment, and at any time during employment, to the extent permitted by law, and hereby consent freely and voluntarily to submit a urine specimen for such purpose. I hereby release Complete Lawn Care Inc., their offices, directors, employees, agents, and contractors from any liability whatsoever arising from this consent, the furnishing of the sample, its testing, and decisions made concerning my application for employment or continued employment based upon the results of the analysis. I understand a documented specimen exists to ensure the identity and integrity of my sample throughout the collection and testing process.

I agree to conform to the rules and regulations of the company. Should I be employed, I understand that such employment will be on a trial period for ninety days from date of hiring. I understand that my completion of the 90 days does not result in any definite term of employment and employment can be terminated with or without cause and with or without notice, at any time at the option of either the company or myself. I understand that no manager or representative of the company, other than an owner of the company, has any authority to enter into any agreement for employment for any specific period of time or to make any agreement contrary to the foregoing, and any such agreement must be in writing.

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