

Crystal Lawn, Inc. dba Green Care (507) 344-8314

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without discrimination because of race, color, creed, religion, sex, national origin, age, marital or veteran status, and the presence of a non-job-related medical condition or handicap.

PERSONAL INFORMATION

Last Name	First Name	Middle Name	
Present Address	Street	City	State Zip Code
Permanent Address	Street	City	State Zip Code
Telephone Number(s):	Social Security Number		Date
Best Time To Reach You:			

EMPLOYMENT DESIRED

Position(s) Applied For	Date You Can Start	Salary Desired
Are You Available To Work:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Will You Work Overtime If Asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are You 18 Years or Older?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are You Legally Eligible For Employment In The United States? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have You Applied To <input type="checkbox"/> or Been Employed By <input type="checkbox"/> This Company Before? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes: When _____		
Have You Been Convicted Of A Felony Within the Last 7 Years? <input type="checkbox"/> Yes <input type="checkbox"/> No		<i>Conviction will not necessarily disqualify an applicant from employment</i>
How Did You Learn About Us?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____

EDUCATION

School	Name and Location of School	Course of Study	# of Years Completed	Did You Graduate?	Degree or Diploma
Graduate					
College					
Business/Trade/ Technical					
High School					
Elementary					

EMPLOYMENT HISTORY (START WITH YOUR PRESENT OR MOST RECENT EMPLOYER)

Employer	Dates Employed - (State month and year) From _____ To _____	
Address	Hourly Rate/Salary Start _____ Last _____	
Job Title and Description _____ _____	Reason for Leaving _____	

Employer	Dates Employed - (State month and year) From _____ To _____	
Address	Hourly Rate/Salary Start _____ Last _____	
Job Title and Description _____ _____	Reason for Leaving _____	

Employer	Dates Employed - (State month and year) From _____ To _____	
Address	Hourly Rate/Salary Start _____ Last _____	
Job Title and Description _____ _____	Reason for Leaving _____	

Employer	Dates Employed - (State month and year) From _____ To _____	
Address	Hourly Rate/Salary Start _____ Last _____	
Job Title and Description _____ _____	Reason for Leaving _____	

REFERENCES (GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU AND ARE NOT PREVIOUS EMPLOYERS AND WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR)

Name	Address	Business	Years Acquainted
1			
2			
3			

MILITARY

Have You Served In The United States Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", In What Branch?
Describe Any Training Received Relevant To The Position For Which You Are Applying. _____ _____	

DRIVING RECORD

Do You Have A Valid Drivers License? _____ State? _____ License Number _____

What Class Of License Do You Have? Comm. A Comm. B Comm. C Class D

Have you Had Any Driving Violations In The Last 5 Years? _____ If "Yes", What _____

(A Motor Vehicle Registration is Required as Part of the Interview Process and Will Need to be available at the Interview**)**

STUDENT SCHEDULING

Are You A Student? Yes No If "Yes", Please Fill Out The Schedule Below With The Hours You Are **AVAILABLE** To Work

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

Will You Be Around During The Summer? Yes No If "Yes", Please Fill Out The Schedule Below With the Hours You Are **AVAILABLE** To Work If You Will Still Were Attending Classes

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

IN CASE OF AN EMERGENCY

Please Notify:

Name _____

Address _____

Phone _____

I CERTIFY THAT ANSWERS GIVEN HEREIN ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION FOR EMPLOYMENT AS MAY BE NECESSARY IN ARRIVING AT AN EMPLOYMENT DECISION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. I UNDERSTAND THAT I AM REQUIRED TO ABIDE BY ALL RULES AND REGULATIONS OF THE EMPLOYER. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PREVIOUS NOTICE.

SIGNATURE _____ DATE _____

