

APPLICATION FOR EMPLOYMENT

EVERGREEN LAWN SERVICE of Duluth, Inc

PO Box 3085
Duluth MN 55803
218-525-4066

Applicants Personal Contact Information

Name: _____

Address: _____

City _____ State _____ Zip _____

Telephone: () _____ Social Security #: _____

Email: _____ Birth Date: _____

How Did You Hear About Evergreen Lawn Service? (please check)

- Yellow Pages
- Classified Ad - Which Paper? _____
- Referral - By Whom? _____
- Other - Please Specify _____

Position You Are Applying For (please check)

- Lawn Applicator Crew
- Lawn Mowing Crew
- Office
- Other - Please Specify _____

Date You Can Start: _____ Salary Desired: \$ _____

Your Education History

Name & Location	Years Attended	Did You Graduate?	Subjects Studied
Grammar School		Y N	
High School		Y N	
College		Y N	
Trade School		Y N	
Business School		Y N	

General Information

Subjects of Special Study / Work or Special Training / Skills

Former Employers

Name & Location		Position / Title	Reason For Leaving
From:			
To:			
	Supervisor:	Telephone:	
From:			
To:			
	Supervisor:	Telephone:	
From:			
To:			
	Supervisor:	Telephone:	
From:			
To:			
	Supervisor:	Telephone:	

References (Persons NOT related to you, whom you have known at least one year)

Name	Address	Business	Years Known
Email:		Telephone:	
Email:		Telephone:	
Email:		Telephone:	

Authorization

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. "I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

"I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unled it is in writing and signed by an authorized company representative.

"This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by

Applicant Signature: _____

Date: _____

Interviewer Signature: _____

Date: _____