

Urban Lawncare of Atchison, LLC

Employment Application



APPLICANT INFORMATION

Last Name		First		M.I.	
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone			Email Address		
Date Available				Desired Salary	
Position applied for					
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?		
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain:		

EDUCATION

High School				Address			
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College				Address			
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other				Address			
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

REFERENCES

Please list three professional references.

Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			

PREVIOUS EMPLOYMENT

Company					Phone		
Address					Supervisor		
Job Title			Starting Salary	\$	Ending Salary	\$	
Responsibilities							
From		To		Reason for leaving			
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Company					Phone		
Address					Supervisor		
Job Title			Starting Salary	\$	Ending Salary	\$	
Responsibilities							
From		To		Reason for leaving			
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Company					Phone		
Address					Supervisor		
Job Title			Starting Salary	\$	Ending Salary	\$	
Responsibilities							
From		To		Reason for leaving			
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		

MILITARY SERVICE

Branch					From		To	
Rank at Discharge					Type of Discharge			
If other than honorable, explain:								

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. By submitting this application I understand that I am digitally signing this document.

Signature				Date			
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