



APPLICATION FOR EMPLOYMENT
 "AN EQUAL OPPORTUNITY EMPOLYER"

Name _____ Social Security No. **DO NOT FILL OUT**
Last First Middle

Current Address _____
Street City State Zip

Home Phone () _____ Business Phone () _____

Are you 18 years of age or older? Yes No

Within 7 years of the date of this application, have you ever been convicted of a crime? (Conviction will not necessarily disqualify you from obtaining employment.) Yes No If yes, please describe: _____

Emergency Contact: Name _____ Phone () _____
 Relationship: _____ Address: _____

Have you served in the U.S. military service? Yes No From _____ to _____

Position/Rank at discharge: _____

Have you applied for employment at Four Seasons Landscape before? Yes No When? _____

Have you been employed at Four Seasons Landscape before? Yes No When? _____

Do you have a valid driver's license? Yes No If yes, what type _____

How did you learn about this opportunity?

Newspaper Ad Other _____

PLACEMENT INFORMATION

Position or type of employment desired: _____

Available for: Full Time Part Time Seasonal Temporary

Specify the hours you are available to work for each day of the week:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

(Please keep in mind the availability of hours may fluctuate)

Date available: _____ Salary desired \$ _____

EDUCATION / SKILLS

Name of School	City & State	Major or Type of Course	1 2 3 4				Degree
			Circle Last Year Comp.				
High School			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
College or University			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Special Skills or Training: _____

Activities: Civic, Athletic, Etc.: _____

Other Special Skills, Knowledge or Abilities which support your qualifications for the position which you are seeking: _____

EMPLOYMENT HISTORY *(List your last four employers starting with the most recent)*

Name of employer and address:		Position title, duties, and skills:		Start date (mm/dd/yyyy)	End date (mm/dd/yyyy)
Pay: \$		Per:	Name of supervisor:	Reason for leaving:	
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Pay: \$		Per:	Name of supervisor:	Reason for leaving:	
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Pay: \$		Per:	Name of supervisor:	Reason for leaving:	

MILITARY SERVICE

Branch of service	Period of active duty From: _____ To: _____	Rank at discharge
Describe duties / specialized training		

ORGANIZATIONS AND VOLUNTEER ACTIVITIES *(List responsibilities and offices)*

REFERENCES *(Give below the names of three persons not related to you, whom you have known at least one year)*

Name	Address	Telephone Number	Business	Years Acquainted

I authorize investigation of all statements contained in this application. I understand that misrepresentation of facts called for is cause for dismissal. 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 any previous notice.

Signature	Date (month, day, year)
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