

EMPLOYMENT APPLICATION

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POSITION APPLIED FOR: DATE:

**PERSONAL DATA**

Name:

 Last Middle First

Street Address:

City: State: Zip Code:

Telephone: Email Address:

When will you be able to start work?

If you are under 18 years of age, please specify your age: (This information will be used only for child labor law purposes).

Are you legally authorized to work in the United States? **☐ Yes ☐ No**

Have you ever been found at fault in a civil action for an intentional tort (intentional commission of a wrongful act)? **☐ Yes ☐ No** (*Answering “yes” does not automatically exclude you from further consideration for the position).*

If yes, include nature of the intentional tort and the disposition of the action:

**DRIVING RECORD**

Do you have a valid driver’s license? **☐ Yes ☐ No** Have you had any tickets? **☐ Yes ☐ No**

If yes, please explain:

**EDUCATION**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name, City and State of****Educational Institution** | **Graduated** | **If no, Degree Credits Earned** | **Type of Degree Received or Expected** | **Major** | **Minor** | **Grade Point/****Overall GPA** |
| **Yes** | **No** |
| **High School/GED** |  |  |  |  |  |  |  |
| **College or University** |  |  |  |  |  |  |  |
| **Licenses/ Certification/Other** |  |  |  |  |  |  |  |

**EMPLOYMENT HISTORY:**

Please complete for all full-time or part-time employment beginning with most recent employer. You may include as part of your employment history any verified work performed on a volunteer basis. All applicants should start with their most recent job, include active military assignments and voluntary employment and provide ten (10) years of history. (A separate sheet may be attached.) You must explain any gaps in your employment history.

Company Name: Telephone:

Address:

Name of Supervisor: May we contact: ☐ Yes ☐ No

Dates Employed: From: To: Rate of Pay: Start: Last:

State job titles and describe job duties:

Reason for leaving:

Company Name: Telephone:

Address:

Name of Supervisor: May we contact: ☐ Yes ☐ No

Dates Employed: From: To: Rate of Pay: Start: Last:

State job titles and describe job duties:

Reason for leaving:

Company Name: Telephone:

Address:

Name of Supervisor: May we contact: ☐ Yes ☐ No

Dates Employed: From: To: Rate of Pay: Start: Last:

State job titles and describe job duties:

Reason for leaving:

**MILITARY** (Complete only if you served in the military.)

Have you served in the Military **☐ Yes ☐ No**

APPLICANT’S ACKNOWLEDGMENT

I certify that the answers given herein (including but not limited to the Commercial Motor Vehicle Driver Supplement if applicable) are true and complete to the best of my knowledge. I understand that any misrepresentations, omissions of facts or incomplete answers in any application document may disqualify me from further consideration for employment. I further understand that, if employed, any misrepresentations or omissions of facts in any application document may be cause for my dismissal at any time without prior notice.

**I consent to and authorize LCS Lawn Service to contact my former employers, references, and any and all other persons and organizations for information bearing upon my qualifications for employment. I further authorize the listed employers, schools and personal references to give the Company (without further notice to me) any and all information about my previous employment and education, along with any other pertinent information they may have and hereby waive any actions which I may have against either party(ies) for providing a good faith reference.**

I EXPRESSLY AGREE AND UNDERSTAND THAT, IF EMPLOYED, MY EMPLOYMENT IS NOT FOR A SPECIFIC TERM, IS BASED ON MUTUAL CONSENT AND MAY BE TERMINATED BY ME OR MY EMPLOYER WITH OR WITHOUT NOTICE OR CAUSE AT ANY TIME. I FURTHER UNDERSTAND THAT NO ORAL PROMISE, EMPLOYER POLICY, CUSTOM, BUSINESS PRACTICE OR OTHER PROCEDURE (INCLUDING THE BASIC EMPLOYMENT POLICIES, PERSONNEL HANDBOOK OR ANY PERSONNEL MANUALS) CONSTITUTE AN EMPLOYMENT CONTRACT OR MODIFICATION OF THE AT-WILL EMPLOYMENT RELATIONSHIP BETWEEN ME AND THE EMPLOYER. I ALSO UNDERSTAND THAT THIS ASPECT OF MY EMPLOYMENT MAY NOT CHANGE ABSENT AN INDIVIDUAL WRITTEN AGREEMENT SIGNED BY BOTH ME AND THE PRESIDENT OF THE COMPANY.

I understand that applicants for certain positions may be required to qualify for employment based on additional employment criteria. For example, I may be required to take job-related tests; take a driver’s examination; submit to a background investigation or take a pre-employment drug test. If I am offered employment or start work before any required test is completed, my employment is contingent on a satisfactory result on all required tests. I authorize the release of any background check results and of any drug/alcohol test to any state or federal authority requesting such information and in response to a valid subpoena or other legal document.

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