

DATE _____

FOR OFFICE USE ONLY

HIRE DATE _____

STARTING WAGE _____

ALL TERRAIN GROUNDS MAINTENANCE

Team Member Application

APPLICANT INFORMATION

Last Name		First		M.I.	Date of Birth (Optional) / /	
Permanent Address				Apartment/Unit #		
City		State		ZIP		
Phone		E-mail Address				
Date Available		Social Security No.		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 misdemeanor or felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain		
Do you have a current driver's license?		YES <input type="checkbox"/>	NO <input type="checkbox"/>			

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"/>		

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

DOT REQUIREMENTS				
DRIVER LICENSE INFORMATION MUST BE SHOWN	STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE			
DATES	NATURE OF ACCIDENT (Head-On, Rear-End, Upset, Etc.)	FATALITIES	INJURIES
Last Accident:			
Next Previous:			
Next Previous:			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)			
LOCATION	DATE	CHARGE	PENALTY

Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES * _____ NO _____

Has any license permit or privilege ever been suspended or revoked? YES * _____ NO _____

*IF THE ANSWER TO EITHER A OR B ABOVE IS YES, PROVIDE DETAILS BELOW OR ATTACH A STATEMENT:

REFERENCES

Please list three professional references.

Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

REFERRED BY:

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SPECIAL SKILLS: DESCRIBE ANY QUALIFICATIONS FOR THIS WORK

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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.

Signature	Date
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