



APPLICATION FOR EMPLOYMENT

DATE: ___/___/___

PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS IN THIS SECTION: The information requested is needed for a legally permissible reason, including, without limitation, national security considerations, a legitimate occupational qualification or business necessity. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal law also prohibits discrimination based on age, citizenship and disability. The laws of most States also prohibit some or all of the above types of discrimination as well as some additional types such as discrimination based upon ancestry, marital status and sexual preference.

PERSONAL	LAST NAME			FIRST	MIDDLE	SOCIAL SECURITY #	
	STREET ADDRESS					APT. #	
	CITY				STATE		ZIP
	HOME TELEPHONE ()				BUSINESS TELEPHONE ()		
	POSITION DESIRED				SALARY DESIRED		PER
	DATE AVAILABLE				HOURS/DAYS DESIRED		
	MARITAL STATUS: SINGLE ___ ENGAGED ___ MARRIED ___ SEPARATED ___ DIVORCED ___ WIDOWED ___				SEX: MALE ___ FEMALE ___		
	DO YOU HAVE A VALID DRIVERS LICENSE? YES ___ NO ___				STATE	D.L.#	EXP. DATE
	DO YOU HAVE RELIABLE TRANSPORTATION?				ARE YOU OVER 18 YEARS OF AGE? YES ___ NO ___		
	HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR OR FELONY? YES ___ NO ___				ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? YES ___ NO ___		
IF "YES" PLEASE EXPLAIN:							
PLEASE DESCRIBE ANY PHYSICAL LIMITATIONS. (LIMITATIONS LIFTING, ETC.)							

EDUCATION	SCHOOL	NAME/ LOCATION	COURSES/MAJOR	NO. OF YEARS	DID YOU GRADUATE?	DEGREE OR DIPLOMA AND DATE RECEIVED
	GRADUATE					
	COLLEGE					
	BUSINESS/TRADE					
	HIGH SCHOOL					
	ELEMENTARY					

SKILL	LIST ANY SPECIAL SKILLS OR TRAINING THAT MAY QUALIFY YOU FOR WORK WITH OUR COMPANY:			
	OPERATE SMALL MACHINES	OPERATE LOADER/TRACTOR	IRRIGATION/BRICK TOOLS	MANUAL LABOR
	OTHER:			

REFERENCE	NAME	ADDRESS	TELEPHONE NO.	YEARS KNOWN

**THE
YARD
WORKS**
LANDSCAPING
933-4800



E M P L O Y M E N T	FROM	TO	EMPLOYER	TELEPHONE
	JOB TITLE		ADDRESS	CITY/STATE/ZIP
	SUPERVISOR'S NAME		DUTIES	
	SUPERVISOR'S POSITION			
	STARTING SALARY/WAGES			
	FINAL SALARY/WAGES		REASON FOR LEAVING	

E M P L O Y M E N T	FROM	TO	EMPLOYER	TELEPHONE
	JOB TITLE		ADDRESS	CITY/STATE/ZIP
	SUPERVISOR'S NAME		DUTIES	
	SUPERVISOR'S POSITION			
	STARTING SALARY/WAGES			
	FINAL SALARY/WAGES		REASON FOR LEAVING	

E M P L O Y M E N T	FROM	TO	EMPLOYER	TELEPHONE
	JOB TITLE		ADDRESS	CITY/STATE/ZIP
	SUPERVISOR'S NAME		DUTIES	
	SUPERVISOR'S POSITION			
	STARTING SALARY/WAGES			
	FINAL SALARY/WAGES		REASON FOR LEAVING	

SIGNATURE: The information provided in this Application for Employment is true, correct and complete. I authorize investigation of all statements contained in this application for employment as may be necessary at arriving at an employment decision. If you employ me, I understand that any misstatement or omission of fact on this application may result in my dismissal. I understand that acceptance of an offer of employment creates no obligation upon you, the employer, to continue to employ me in the future.

DATE _____ SIGNATURE _____

COPIES RECEIVED OF THE FOLLOWING:

SOCIAL SECURITY CARD DRIVER'S LICENSE

INTERVIEWED BY:

DATE:

COMMENTS: