



Employment Application

An Equal Opportunity Employer

Applicant Information

Full Name: _____ Date of Birth: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Home Phone: _____ Cell Phone: _____

Email Address: _____

Date Available: _____ Social Security No.: _____ Desired Hourly Wage: \$ _____

Position Applied for: Crew Member Crew Leader Full Time Part Time

Can you work a flexible schedule including Saturdays? YES NO

What mowing, lawncare and/or landscaping equipment can you operate?

Have you ever worked for Express Lawn and Landscape before: YES NO

Do you have any relatives, friends and/or family members who have worked for Express Lawn & Landscape? If so, please list. YES NO

How did you hear about us? (Employment source)? _____
Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Do you have a valid driver's license? YES NO PA License # _____
If no, do you have reliable transportation? YES NO

Have you ever been convicted of a felony? YES NO

If yes, please explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three personal or professional references

Full Name: _____ Phone: _____ Relationship: _____

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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 NO

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 NO

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 NO

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.
I authorize Expresslawn & Landscape to verify my past employment and education, criminal records, motor vehicle records, personal references, and other job related data provided on this application or via the interview process. I also understand and agree that my employment may be conditional on my passing a drug and/or alcohol test. I authorize the appropriate individuals, companies, institutions, or agencies to release legal information and I release them from any liability as a result of such inquiries or disclosures of truthful legal information made in good faith. I understand that false or misleading statement on this application or concealment of requested facts may be considered cause for disqualification or termination.
I understand that nothing in this employment application, in Expresslawn & Landscape statements or personnel guidelines or in my communications with any Expresslawn & Landscape official is intended to create an employment contract between Expresslawn & Landscape and me. I also understand that Expresslawn & Landscape has the right to modify its policies without giving me any notice of the change(s). I understand that if an employment relationship is established, I have the right to terminate my employment at any time. I also understand that Express Lawn & Landscape retains the right to terminate my employment at any time.
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: _____

EMERGENCY CONTACT INFORMATION: Please list someone who may be contacted in case of emergency.

Name: _____ Relationship: _____ Phone: _____

Address: _____