



JOB APPLICATION FORM –Print clearly in blue or black ink. Answer all questions completely and sign.

PERSONAL INFORMATION:

Name: _____

Social Security Number: _____ Phone Number: (_____) _____

Street Address: _____

City, State, Zip Code: _____

Are you eligible to work in the United States? Yes _____ No _____

If you are under age 18, do you have an employment/age certificates? Yes ___ No ___

Have you been convicted of or pleaded no contest to a felony within the last five years? Yes _____ No _____

If yes, please explain: _____

POSITION/AVAILABILITY:

Position Applied For: _____ Desired Salary: _____

Days/Hours Available: Monday _____ Tuesday _____

Wednesday _____ Thursday _____ Friday _____

Saturday _____ Sunday _____

What date are you available to start work? _____

EDUCATION:

Name and Address Of School - Degree/Diploma - Graduation Date

Are you familiar with using a computer? Windows _____ Photoshop _____ Excel _____ Quickbooks _____

Are you licensed to operate a motor vehicle? Yes _____ No _____

Have you ever been convicted of a legal offense? Please include driving while intoxicated or driving under the influence of drugs (Exclude minor traffic violations).

Can you speak or write another language? _____

Machine skills/special qualifications/certificates: _____

EMPLOYMENT HISTORY:

Present/Last Employer: _____

Address: _____

Supervisor: _____

Phone: _____ Email: _____

Position Title: _____ Salary: _____

Start date: _____ End date: _____

Responsibilities: _____ Reason for Leaving: _____

Previous Employer: _____

Phone: _____ Email: _____

Position Title: _____ Salary: _____

Responsibilities: _____ Reason for Leaving: _____

May We Contact Your Present Employer? Yes _____ No _____

References: List three people who are NOT relatives.

FULL NAME	HOME OR BUSINESS ADDRESS	PHONE NUMBER	BUSINESS OR OCCUPATION	YEARS ACQUAINTED

By submitting and signing this application, I authorize and request any public or private business or other employee for whom I have worked or been employed, or with whom I have sought employment, to supply Sun's Landscaping with any and all records pertaining to me that have been kept in the usual course of business, including but not limited to; drug and alcohol test results obtained within six months of the date of request for information by Montgomery County. The information obtained may be used by Sun's Landscaping in making decisions with regard to my employment.

I authorize investigation of all statements contained in this application. I certify that there are no willful misrepresentations, omissions or falsifications in the foregoing statements and answers to questions. I am aware that should an investigation disclose any misrepresentation, omission or falsification, my application may be rejected, or if already employed, my employment may be terminated. References and previous employer will be contacted to confirm statements unless otherwise indicated.

APPLICATIONS WILL NOT BE CONSIDERED UNLESS SIGNED & DATED; AND ALL QUESTIONS ARE ANSWERED.

Date: _____ Applicant's Signature: _____