

DC Lawn & Landscape  
251-599-2401

EMPLOYMENT APPLICATION

**GENERAL INFORMATION**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY / ZIP \_\_\_\_\_

DAY TIME PHONE NUMBER: \_\_\_\_\_

EVENING PHONE NUMBER: \_\_\_\_\_

DRIVER'S LICENSE NUMBER: \_\_\_\_\_ SS# \_\_\_\_\_

POSITION APPLYING FOR: \_\_\_\_\_

CHOOSE ONE: FULL TIME \_\_\_\_\_ PART TIME \_\_\_\_\_

**EDUCATION**

NAME OF HIGH SCHOOL: \_\_\_\_\_

YEARS ATTENDED: FROM \_\_\_\_\_ TO \_\_\_\_\_

GRADUATED: YES \_\_\_\_\_ NO \_\_\_\_\_ G.E.D. \_\_\_\_\_

NAME OF COLLEGE: \_\_\_\_\_

YEARS ATTENDED: FROM \_\_\_\_\_ TO \_\_\_\_\_

GRADUATED: YES \_\_\_\_\_ NO \_\_\_\_\_ DEGREE \_\_\_\_\_

NAME OF VOCATIONAL OR TRADE SCHOOL: \_\_\_\_\_

YEARS ATTENDED: FROM \_\_\_\_\_ TO \_\_\_\_\_

CERTIFICATION EARNED: \_\_\_\_\_

OTHER (EXPLAIN): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# EMPLOYMENT

CAN WE CONTACT ANY OF YOUR PREVIOUS EMPLOYERS? \_\_\_\_\_

PRESENT OR MOST RECENT EMPLOYER: \_\_\_\_\_  
POSITION : \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_  
SUPERVISOR NAME: \_\_\_\_\_  
EMPLOYED FROM \_\_\_\_\_ TO \_\_\_\_\_  
SALARY \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PAST EMPLOYER: \_\_\_\_\_  
POSITION: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_  
SUPERVISOR NAME: \_\_\_\_\_  
EMPLOYED FROM \_\_\_\_\_ TO \_\_\_\_\_  
SALARY \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PAST EMPLOYER: \_\_\_\_\_  
POSITION: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_  
SUPERVISOR NAME: \_\_\_\_\_  
EMPLOYED FROM \_\_\_\_\_ TO \_\_\_\_\_  
SALARY \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PAST EMPLOYER: \_\_\_\_\_  
POSITION: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_  
SUPERVISOR NAME: \_\_\_\_\_  
EMPLOYED FROM \_\_\_\_\_ TO \_\_\_\_\_  
SALARY \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_  
\_\_\_\_\_

## REFERENCES

NAME: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_  
EMPLOYER: \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_

NAME: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_  
EMPLOYER: \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_

## SKILLS & QUALIFICATIONS

LIST THE DIFFERENT SKILLS AND QUALIFICATIONS YOU HAVE THAT PERTAIN TO THE POSITION YOU ARE SEEKING WITH THIS COMPANY.

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I certify that the information I have provided in this employment application is accurate to the best of my knowledge. I understand that providing false information could eliminate the chance for employment with this company. I also authorize all persons, companies and institutions listed on this application to provide information to my potential employer.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

For application to be considered the following forms must be turned in:

- Application **completely** filled
- MVR
- NO COMPETE FORM
- Copy of Driver's ID

# Criminal Background History

Date \_\_\_\_\_ to \_\_\_\_\_ Location \_\_\_\_\_  
Charge \_\_\_\_\_ Convicted \_\_\_\_\_  
Incarcerated Date \_\_\_\_\_ to \_\_\_\_\_

Date \_\_\_\_\_ to \_\_\_\_\_ Location \_\_\_\_\_  
Charge \_\_\_\_\_ Convicted \_\_\_\_\_  
Incarcerated Date \_\_\_\_\_ to \_\_\_\_\_

Date \_\_\_\_\_ to \_\_\_\_\_ Location \_\_\_\_\_  
Charge \_\_\_\_\_ Convicted \_\_\_\_\_  
Incarcerated Date \_\_\_\_\_ to \_\_\_\_\_

Date \_\_\_\_\_ to \_\_\_\_\_ Location \_\_\_\_\_  
Charge \_\_\_\_\_ Convicted \_\_\_\_\_  
Incarcerated Date \_\_\_\_\_ to \_\_\_\_\_

Date \_\_\_\_\_ to \_\_\_\_\_ Location \_\_\_\_\_  
Charge \_\_\_\_\_ Convicted \_\_\_\_\_  
Incarcerated Date \_\_\_\_\_ to \_\_\_\_\_

Date \_\_\_\_\_ to \_\_\_\_\_ Location \_\_\_\_\_  
Charge \_\_\_\_\_ Convicted \_\_\_\_\_  
Incarcerated Date \_\_\_\_\_ to \_\_\_\_\_

Date \_\_\_\_\_ to \_\_\_\_\_ Location \_\_\_\_\_  
Charge \_\_\_\_\_ Convicted \_\_\_\_\_  
Incarcerated Date \_\_\_\_\_ to \_\_\_\_\_

Date \_\_\_\_\_ to \_\_\_\_\_ Location \_\_\_\_\_  
Charge \_\_\_\_\_ Convicted \_\_\_\_\_  
Incarcerated Date \_\_\_\_\_ to \_\_\_\_\_