

# Four Seasons Yard Care INC. Application

1. Position Applied For: \_\_\_\_\_

2. Social Security No.: \_\_\_\_\_

3. Full legal Name: \_\_\_\_\_  
 Last Name First Middle

4. Home Phone: ( ) Cell Phone ( )

5. Street Address: \_\_\_\_\_

6. E-mail Address: \_\_\_\_\_

City State Zip

**7. Education:**

7a. Highest school grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

7b. Do you have a high school equivalency diploma:  Yes  No

7c. Number of years of post high school education: 1 2 3 4

8. Name and Location of Educational Institution:	Degree Received	Major / Specialty	Dates Attended
8a. _____	_____	_____	_____
8b. _____	_____	_____	_____
8c. _____	_____	_____	_____

**9. If you plan to complete an educational program in the future, then indicate the degree or program to be completed**

9a. Completion Date: \_\_\_\_\_

**10. Work Experience:** Start with the most recent work experience. Describe all traditional, military and voluntary work experience. Describe your knowledge, skills and abilities that demonstrate your qualifications for the position for which you are applying.

10a. Job Title \_\_\_\_\_  
 Employer Name \_\_\_\_\_  
 Employer Address \_\_\_\_\_  
 \_\_\_\_\_  
 Phone \_\_\_\_\_

Job Duties:

Supervisor / Manager \_\_\_\_\_  
 Title \_\_\_\_\_  
 Final Salary \_\_\_\_\_  
 Dates (Month/ Year) \_\_\_\_\_ To \_\_\_\_\_  
 Hours/week \_\_\_\_\_

Reason for leaving

10b. Job Title \_\_\_\_\_  
 Employer Name \_\_\_\_\_  
 Employer Address \_\_\_\_\_  
 \_\_\_\_\_  
 Phone \_\_\_\_\_

Job Duties:

Supervisor / Manager \_\_\_\_\_  
 Title \_\_\_\_\_  
 Final Salary \_\_\_\_\_  
 Dates (Month/ Year) \_\_\_\_\_ To \_\_\_\_\_  
 Hours / Week \_\_\_\_\_

Reason for leaving

11. **Job Skills:** Use the following space to provide any additional information that you think would be helpful in our evaluation of your job application. This can include specialized training, seminars, workshops, accreditations, special achievements or valuable skills:

12. **Licenses Held:** (including drivers) or certifications to practice a trade or profession.

Type	License Number	Granted by (licensing board)

13. **References:**

List the full name, address, phone number and relationships of up to three persons that you'd like to use as a reference:

Full Name	Address	Phone Number	Relationship

14. **Miscellaneous Information:**

14a. Which shifts are you willing to accept:  Day  Evening  Night  Rotating  Weekends Specify shift \_\_\_\_\_

14b. Which job status are you willing to accept:  Full-time  Part-time \_\_\_\_\_

14c. Are you willing to travel:  No  Yes

14d. Please indicate your geographic preferences: \_\_\_\_\_

15. **Compliance** with the Immigration Reform and Control Act requires that you are you legally eligible for employment in the United  Yes  No.

Please note that under the Immigration Reform and Control Act of 1986, you may be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. You may also be required to provide documentation should you be employed.

16. **Veteran Status:** Are you a veteran who received an honorable discharge and has:

1. Provided more than 180 consecutive days of full time active duty in the armed forces of the United States or reserve components, including the National Guard?, or

2. Have a military service disability rating fixed by the United States Veterans Affairs?

Yes  No. If yes, did you serve during the Vietnam Conflict (2/28/61-3/7/75)?  Yes  No

17. **Prior Convictions:**

17a. Have you ever been convicted of any violation of law, including moving traffic violations:  Yes  No

If yes, then please provide the following:

Describe the Offense :

Statute / Ordinance (if known): \_\_\_\_\_ Date of Charge: \_\_\_\_\_ ; Date of Conviction

County, City, and State of Conviction: \_\_\_\_\_

18. **Work Start Date:** When will you be available to start work? If you are available as soon as you've given two week's notice, then no dates are necessary.

\_\_\_\_ Month \_\_\_\_ Day \_\_\_\_\_ Year

19. **Job Application Certification:**

I hereby certify that all entries on this job application and any attachments are true and complete. I also agree and understand that any falsification of this information may result in my forfeiture of employment.

I understand that all information on this job application is subject to verification and I consent to criminal history and background checks. I also agree that you may contact references and educational institutions listed on this application

Dated \_\_\_\_\_

Job Applicant Signature \_\_\_\_\_

## **FOUR SEASONS YARD CARE**

### **Application Form Waiver**

In exchange for the consideration of my job application by Your Landscape Service (hereinafter called Four Seasons Yard Care), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee hand books, personnel manuals, benefit plans, policy statements, and like as they may exist from time to time, or other company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of your landscape services or other wise to change in any respect of the employment at will relationship between it and the undersigned, and the relationship cannot be altered except by a written instrument signed by the owner of Four Seasons Yard Care. Both the undersigned and your Landscape services may end the employment relationship at any time, without specified notice or reason. If employed, I understand that Four Seasons Yard Care may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is caused for dismissal at any time without any previous notice. I hereby give Four Seasons Yard Care permission to contact schools, previous employers, (unless otherwise indicated), references, and others, and hereby release Four Seasons Yard Care from any liability as a result of such contract.

I also understand that (1) Four Seasons Yard Care has a drug and alcohol policy that provides for pre employment testing as well as random and or periodic testing after employment. (2) Consent to and compliance with such policy is a condition of my employment and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job related physical examinations.

I further understand that my employment with Four Seasons Yard Care shall be probationary for a period of sixty (60) days and further that at any time during this probationary period or thereafter my employment relation with Four Seasons Yard Care is terminable at will for any reason by either party.

Signature of applicant \_\_\_\_\_ Date: \_\_\_\_\_

Four Seasons Yard Care is an equal employment opportunity employer. We adhere to a policy of making employment decisions with out regards to race, color, religion, sex, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.