



LAWN & SHRUB  
 3721 N. 500 E.  
 LAFAYETTE, IN 47905  
 PHONE: 765-589-3276  
 WWW.LAWNANDSHRUB.COM

**EMPLOYMENT APPLICATION**

**APPLICANT INFORMATION**

NAME: \_\_\_\_\_ SOCIAL SECURITY NO: \_\_\_\_\_  
Last First Middle

ADDRESS: \_\_\_\_\_  
Street Apt/Unit City, State Zip

CONTACT INFORMATION: (\_\_\_\_) (\_\_\_\_) \_\_\_\_\_  
Home phone Mobile Phone Email Address

POSITION APPLIED FOR: \_\_\_\_\_ DATE AVAILABLE: \_\_\_\_\_ DESIRED SALARY: \_\_\_\_\_

**GENERAL INFORMATION**

ARE YOU 18 YEARS OF AGE OR OLDER? YES  NO

WERE YOU REFERRED BY AN EMPLOYEE? YES  NO  IF YES, WHO? \_\_\_\_\_

ARE YOU A CITIZEN OF THE UNITED STATES? YES  NO  IF NO, ARE YOU AUTHORIZED TO WORK IN THE U.S? YES  NO

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES  NO  IF YES, WHEN? \_\_\_\_\_

HAVE YOU EVER APPLIED OR WORKED FOR THIS COMPANY? YES  NO  IF YES, WHEN? \_\_\_\_\_

**EDUCATION HISTORY**

HIGH SCHOOL: \_\_\_\_\_ LOCATION: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ DID YOU GRADUATE: YES  NO  DIPLOMA: \_\_\_\_\_

COLLEGE: \_\_\_\_\_ LOCATION: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ DID YOU GRADUATE: YES  NO  DIPLOMA: \_\_\_\_\_

OTHER: \_\_\_\_\_ LOCATION: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ DID YOU GRADUATE: YES  NO  DIPLOMA: \_\_\_\_\_

**EMPLOYMENT HISTORY**

COMPANY: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

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

PHONE: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_ MAY WE CONTACT: YES  NO

COMPANY: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

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

PHONE: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_ MAY WE CONTACT: YES  NO

COMPANY: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

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

PHONE: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_ MAY WE CONTACT: YES  NO

REFERENCES

FULL NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

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

RELATIONSHIP: \_\_\_\_\_ YEARS KNOWN: \_\_\_\_\_

FULL NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

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

RELATIONSHIP: \_\_\_\_\_ YEARS KNOWN: \_\_\_\_\_

FULL NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

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

RELATIONSHIP: \_\_\_\_\_ YEARS KNOWN: \_\_\_\_\_

MILITARY SERVICE

BRANCH: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_

RANK AT DISCHARGE: \_\_\_\_\_ TYPE OF DISCHARGE: \_\_\_\_\_

IF OTHER THAN HONORABLE, PLEASE EXPLAIN: \_\_\_\_\_

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be ground for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws. I understand that a consumer credit report or criminal records check may be necessary prior to my employment. If such reports are required, I understand that, in compliance with federal law, the company will provide me with a written notice regarding the use of these reports and will also obtain a separate written authorization from me to consent to these reports. I also understand that a poor credit history or conviction will not automatically result in disqualification from employment." In compliance with federal law, all person hired will be required to verify identity and eligibility to work in the United States and to complete the required employment verification document upon hire.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

----- DO NOT WRITE BELOW THIS LINE -----

REMARKS

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

NEATNESS: \_\_\_\_\_ CHARACTER: \_\_\_\_\_

PERSONALITY: \_\_\_\_\_ ABILITY: \_\_\_\_\_

HIRED: \_\_\_\_\_ FIRST DAY: \_\_\_\_\_ FOR DEPT.: \_\_\_\_\_

POSITION: \_\_\_\_\_ SALARY/WAGES: \_\_\_\_\_

\_\_\_\_\_  
EMPLOYMENT MANAGER

\_\_\_\_\_  
DEPARTMENT HEAD

\_\_\_\_\_  
GENERAL MANAGER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
INTERVIEWED BY

**DRIVER'S LICENSE CHECK AUTHORIZATION**

APPLICANT/EMPLOYEE TO COMPLETE THE FOLLOWING INFORMATION:

(PLEASE PRINT CLEARLY)

NAME AS IT APPEARS ON LICENSE: \_\_\_\_\_

DRIVER'S LICENSE NUMBER: ISSUING STATE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

LIST ANY STATE(S) IN WHICH YOU HAVE HELD A DRIVER'S LICENSE IN THE PAST  
THREE (3) YEARS: \_\_\_\_\_

DID YOU EVER HOLD A DRIVER'S LICENSE UNDER ANOTHER NAME? \_\_\_\_\_

IF YES, LIST NAME AS IT APPEARED ON DRIVER'S LICENSE AND ISSUING STATE:

**PAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT**

IN ACCORDANCE WITH THE PROVISIONS OF SECTION 604(B)(2)(A) OF THE FAIR CREDIT REPORTING ACT, PUBLIC LAW 91-508, AS AMENDED BY THE CONSUMER CREDIT REPORTING ACT OF 1996 (TITLE II, SUBTITLE D, CHAPTER I, OF PUBLIC LAW 104-208), YOU ARE BEING INFORMED THAT REPORTS VERIFYING YOUR PREVIOUS EMPLOYMENT, PREVIOUS DRUG AND ALCOHOL TEST RESULTS, AND YOUR DRIVING RECORD MAY BE OBTAINED ON YOU FOR EMPLOYMENT PURPOSES. THESE REPORTS ARE REQUIRED BY SECTIONS 382.413, 391.23, AND 391.25 OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS.

I UNDERSTAND MY EMPLOYER WILL VERIFY MY DRIVING RECORD AS REQUIRED BY THE POSITION AND FOR INSURANCE PURPOSES.

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

\_\_\_\_\_  
DATE

FAX COMPLETED FORM TO:

MBAH INSURANCE

ATTN:

FAX: 765-742-7486

REQUESTED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

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

PLEASE CONDUCT A DRIVER'S LICENSE CHECK ON THE ABOVE INDIVIDUAL.

\_\_\_\_\_