



Blanchford Landscape Contractors, Inc.
Employment Application

Date: _____

Personal Data

Name _____ Social Security # _____

Present Address _____ Email: _____

City _____ State _____ Zip _____

Phone (____) ____ - _____ Other Phone (____) ____ - _____

Are you either a U.S. Citizen or an alien authorized to work in the United States? Yes No

Are you 18 Years or older? Yes No

SPECIAL QUESTIONS

Do not answer **any** of the questions in this framed area unless the employer has **checked** a box preceding a question. Thereby indicating that the information is required for a Bona Fide occupational qualification, or dictated by National Security laws, or is needed for other legally permissible reasons.

Have you ever been convicted of a felony or misdemeanor within the last 5 year? Yes No

Describe _____

I understand and agree that I may be required to take one or more: physical examination; lie detector test(s), as a condition of hiring or continued employment. I agree to consent to take such test(s) at such time as designated by the Company and to release the Company, its directors, officers, agents or employees from any claim arising in connection with the use of such test(s). Yes No

Employment Desired

Position _____ Date you can start _____

Rate of pay desired _____

Are you presently employed? _____ If so, may we inquire of your present employer? _____

Education

Circle Highest School Year Completed 8 9 10 11 12 13 14 15 16 17 18 19

Name of school beyond High School _____

Did you graduate? _____ Vocational Training _____

Are you a veteran of Military Service? _____

Additional Information

Volunteer Work

Special skills, licenses, or non-work related experience

FORMER EMPLOYERS:

Company Name _____ Address _____
Phone # _____ Who to Contact _____

Job Description (duties, skills, equipment used)

Dates of employment: start ___/___/___ end ___/___/___

Reason for Leaving _____

Company Name _____ Address _____
Phone # _____ Who to Contact _____

Job Description (duties, skills, equipment used)

Dates of employment: start ___/___/___ end ___/___/___

Reason for Leaving _____

Company Name _____ Address _____
Phone # _____ Who to Contact _____

Job Description (duties, skills, equipment used)

Dates of employment: start ___/___/___ end ___/___/___

Reason for Leaving _____

REFERENCES: Give the names of three persons not related to you, whom you have known at least one year.

<u>NAME</u>	<u>ADDRESS</u>	<u>BUSINESS</u>	<u>YEARS</u> <u>ACQUAINTED</u>	<u>PHONE</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

PHYSICAL RECORD:

Do you have any physical limitations that preclude you from performing any work for which you are being considered?

YES NO

If yes, what can be done to accommodate your limitations?

Please describe limitations:

IN CASE OF EMERGENCY NOTIFY

<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE#</u>
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“I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYEED, FASIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM THE FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT , IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE.”

<u>DATE</u>	<u>SIGNATURE</u>
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