

## **Application For Employment**

Date:	Position(s) Applied For:				
Full Time	Part TimeFull or Part Time				
If you are applying for	Part Time, what <u>day</u>	ys and hours a	re you available?		
Name:	Telephone Number ()				
Current Address			City	Zip	
How did you learn abo	out us?				
Advertisement	Friend	_Walk-in	Employment Agency	Relative	
References - List the relatives or former em			Number of three (3) reference  Phone #	s who are <u>not</u>	
Name	Address		Phone #		
Name	Address		Phone #		
Please list the extent o experience.	f your Education, inc	cluding trade s	schools, apprenticeship progra	ms and military	
Briefly explain why yo	ou want to work for o	our company,	and what your goals are for th	e future.	

## Please Answer The Following Questions With As Much Detail As Necessary:

1. Immig		nted from lawfullyNo		this country because of Visa or			
2.	Have you been	convicted of a felo	ony, or are there any cor	nvictions pending?			
	No	Yes-if Yes give	details				
3.	Are you curren	ntly employed?	NoY	es			
4.	If you are curre	ou are currently employed, may we contact your employer for references?NoY					
5.	On what date a	On what date are you available to start work?					
6.	Do you have objections to working Saturdays or Sundays if necessary?NoYes						
7.	Do you have a valid Ohio Driver's License?NoYes. If Yes please fill in the following information:						
DL#	#		Expiration Date:	Date of Birth			
8.	Do you have a CDL (Commercial Driver's License)NoYes  If Yes, what classifications are you approved for:						
	Have you driv	ven trucks weighin	g over 1ton before?	NoYes.			
	If Yes did it h	nave a manual trans	smission?No	Yes.			
Emp	loyment Hist	tory - List the thre	ee employers you had be	eginning with the most recent:			
Emplo	yer:		Address:				
Telepł	none Number:		Your Position:	Salary:			
Superv	visor:		Start Date:	Finish Date:			
Reaso	n You Left:						
Emplo	yer:		Address:				
Telepl	none Number:		Your Position:	Salary:			
Superv	visor:		Start Date:	Finish Date:			
D	V I . G.						

Employer:	Address:	
Telephone Number:	Your Position:	Salary:
Supervisor:	Start Date:	Finish Date:
Reason You Left:		
		your application on file for 1 year. If we im, our office will be contacting you to set
understand that if employed false statements contained and the information concerning my previou otherwise, and release all parties you. I understand and agree that i	e statements shall be grounds for e references listed above to give us employment and any pertiner is from all liability for any damage if hired my employment is for no	mplete to the best of my knowledge and I r dismissal. I authorize investigation of all Turf Masters Landscape any and all int information they may have, personal or that may result from furnishing same to definite period and may regardless of the any time without any prior notice.
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Signature		Date

Please return application to:

Turf Masters Landscape, LLC 544 U.S. 68 South Xenia, Ohio 45385 937-352-6726 / Fax: 937-352-6827 www.turfmasterslandscape.com