A Plus Lawn and Landscape Inc.
309 Sunset Dr.
Lawrenceburg, KY 40342
(502) 859-4706
info@apluslawnlandscape.com

Employment Application

Name: _____ Social Security Number: _____

Current Address _____
Street Address City State Zip

Phone Number: ( ) _____ ( ) _____ Date Available: _____

Position Applied For: _____ Hourly Rate Expected: _____

Full-time or part-time? _____ How were you referred to us? _____

Whom do you know in our employ? _____

What days can you work? _____

Are you between the ages of 18 and 70? Yes or No If No state age: _____

Are you a United States citizen? Yes or No

List all Green Industry Companies that you have worked for: _____

_____

Have you ever been convicted of a crime? Yes or No If so, explain _____

Do you have a valid driver's license? Yes or No DL Number: _____

List all equipment that you have experience and or certification to operate? _____

_____

Education

Type of School	Name and Location of School	from M./Year		to M./Year	Degree or Diploma
High School					
Univ./College					
Univ./College					

Trade School or other					

List any professional licenses or certifications that you currently possess:

Title of License or Certification	State or Organization of Issuance	License #	Date
Title of License or Certification	State or Organization of Issuance	License #	Date
Title of License or Certification	State or Organization of Issuance	License #	Date

Community Involvement

(optional)

List any and all organizations, affiliations or memberships that you are involved with in the community?

Name

Name

Name

Employment History

Present and previous employment including military service
(show most recent or current employment first)

May we contact present employer? Yes No

Starting Rate $	Company City/State/Zip	Address Phone ( )
from mo. _____ yr. _____	Title of position held and duties performed.	
Ending Rate $	Supervisor's Name and Title Reason for leaving	

Starting Rate $	Company City/State/Zip	Address Phone ( )
from mo. _____ yr. _____	Title of position held and duties performed.	
Ending Rate $	Supervisor's Name and Title Reason for leaving	

Starting Rate	Company	Address
$	City/State/Zip	Phone ( )
from	Title of position held and duties performed.	
mo. _____ yr. _____	Supervisor's Name and Title	
Ending Rate	Reason for leaving	
$		

Starting Rate	Company	Address
$	City/State/Zip	Phone ( )
from	Title of position held and duties performed.	
mo. _____ yr. _____	Supervisor's Name and Title	
Ending Rate	Reason for leaving	
$		

Personal References

Personal references (Excluding former employers or relatives)

Name	Occupation	Address	Telephone

Statement

To assist us in evaluating your qualifications for the position desired, use the space below for additional information describing your capabilities and career interest. (optional)

Agreement

I understand that any offer of employment shall be subject to reference inquiries, including but not limited to: information concerning my education, employment history, criminal record, general character and drug testing.

I understand and acknowledge that neither this application nor acceptance of employment with A Plus Mowing Service shall be used, or construed or deemed to create a contract of employment, expressed or implied, or any other promise of any kind. No verbal or written commitment to employ for a specified duration and no contract for employment, expressed or implied, shall be valid or binding on A Plus Mowing Service unless it is expressly set forth in a separate document and signed by the owner. A PLUS MOWING SERVICE HIRES AT-WILL. AT THE OPTION OF EITHER THE EMPLOYEE OR A PLUS MOWING SERVICE, AN EMPLOYEE'S EMPLOYMENT CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME.

All of the information on this application is a full and complete statement of facts and I realize that any false or incomplete information will be grounds for dismissal. I authorize inquiries as to my character and ability and I release those supplying any information from all liability. Upon my termination, whether by dismissal or resignation, I authorize the release of reference information regarding my employment.

I agree that a photocopy of this statement is to have the same effect as the original.

_____
Signature of Applicant

Date _____