

# APPLICATION FOR EMPLOYMENT

**Suburban Landscape LLC**

**Mail: P.O. Box 376, North Liberty, IA 52317**

**Site: 2924 270th Street NW, North Liberty, IA 52317**

We are an equal opportunity employer dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion or national origin.



## PERSONAL INFORMATION

Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Present Address: \_\_\_\_\_  
Street City State Zip

Phone Numbers: \_\_\_\_\_  
Home Alternate

Referred By: \_\_\_\_\_ Are you 18 years of age or older? \_\_\_Yes \_\_\_No

## EMPLOYMENT DESIRED (Check Any)

- |  |  |
|--|--|
| <input type="checkbox"/> Landscape Foreman   | <input type="checkbox"/> Landscape Crew    |
| <input type="checkbox"/> Grounds Care Forman | <input type="checkbox"/> Grounds Care Crew |

## EDUCATION

### High School

Name and Address: \_\_\_\_\_

Last Year Completed: \_\_\_1 \_\_\_2 \_\_\_3 \_\_\_4 Did you Graduate: \_\_\_Yes \_\_\_No

### College

Name and Address: \_\_\_\_\_

Last Year Completed: \_\_\_1 \_\_\_2 \_\_\_3 \_\_\_4 Did you Graduate: \_\_\_Yes \_\_\_No

Majors/Degrees: \_\_\_\_\_

### Trade, Business or Correspondence School

Name and Address: \_\_\_\_\_

Last Year Completed: \_\_\_1 \_\_\_2 \_\_\_3 \_\_\_4 Did you Graduate: \_\_\_Yes \_\_\_No

Majors/Degrees: \_\_\_\_\_

**GENERAL**

Subjects of special study or research: \_\_\_\_\_

Job related skills (typing, drivers license, etc): \_\_\_\_\_

\_\_\_\_\_

Special Interests: \_\_\_\_\_

**FORMER EMPLOYERS**

List below your last four employers, starting with the most recent

Date \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Name and address: \_\_\_\_\_

Salary (upon leaving): \_\_\_\_\_ Position: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Date \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Name and address: \_\_\_\_\_

Salary (upon leaving): \_\_\_\_\_ Position: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Date \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Name and address: \_\_\_\_\_

Salary (upon leaving): \_\_\_\_\_ Position: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Date \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Name and address: \_\_\_\_\_

Salary (upon leaving): \_\_\_\_\_ Position: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**REFERENCES**

List below three persons not related to you, whom you have known for at least one year.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Position: \_\_\_\_\_ Year Acquainted: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Position: \_\_\_\_\_ Year Acquainted: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Position: \_\_\_\_\_ Year Acquainted: \_\_\_\_\_

**AUTHORIZATION**

I authorize investigation on all statements contained in this application. I understand that misrepresentation of information requested is cause for dismissal. Further, I understand and agree that 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 cause and without any previous notice.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY**

Interviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

INS Form I-9 Completed: \_\_\_ Yes \_\_\_ No

Hired: \_\_\_\_\_ For Dept: \_\_\_\_\_ Position: \_\_\_\_\_

Will Report To: \_\_\_\_\_ Salary Wages: \$ \_\_\_\_\_

Approved By: \_\_\_\_\_