

DelliQuadri Lawn Maintenance & Landscaping

Application for Employment

Name:		Social Security Number:	
Present Address:	City:	State:	Zip Code:
Permanent Address:	City:	State:	Date of Birth:
Phone #:	Additional Phone #:	Email Address:	

Employment Desired			
Position:	Date You Can Start:	Salary Desired:	
Are you Employed: Yes <input type="checkbox"/> No <input type="checkbox"/>	If so, may we inquire of your present employer? Y <input type="checkbox"/> N <input type="checkbox"/>		
Ever applied to this company before? Yes <input type="checkbox"/> No <input type="checkbox"/>	When?		

Education History	Name & Location	Attended	Graduate	Subjects Studied
Grammar School				
High School				
College				
Trade/Business				

Subjects of Special Study/Research/Skills	
U.S Military or Naval Service	Rank

Professional References				
Name	City	Business	Phone Number	Years Known

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WORK HISTORY			
1) Employer:	Supervisor:	Phone:	Position:
Salary:	Dates From:	To:	Reason for Leaving:
2) Employer:	Supervisor:	Phone:	Position:
Salary:	Dates From:	To:	Reason for Leaving:
3) Employer:	Supervisor:	Phone:	Position:
Salary:	Dates From:	To:	Reason for Leaving:
4) Employer:	Supervisor:	Phone:	Position:
Salary:	Dates From:	To:	Reason for Leaving:

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 grounds 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 my 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 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 periods of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by 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."

Signature: _____

Date: _____

OFFICE PERSONEL USE ONLY

<u>Remarks</u>			
<u>Position</u>	<u>Start Date</u>	<u>Salary</u>	<u>Additional Remarks</u>

Signature: _____ Position: _____ Date: _____