

EMPLOYMENT APLLICATION FORM

Name: First	Middle		Last				
Address:			Phone	#	Email	I	
City	State	Zip	Social	Security #			
Are you at least 18 year	s old?		Yes		No		
Have you been convicted If yes, please give date an		Yes/No					
EMPLOYMENT DESI	RED						
Position applying for:		Do	you prefer (Circle	one): Full-time	e Part-tim	ne Seasonal	
Available start date:		Pay	rate desired:				
Are you currently employ	yed? Yes/No	Mag	y we contact your	previous emplo	yer? Ye	es/No	
Have you ever applied or	been employed by Kim	mell's Premier La	andscapes, Ltd.?	Yes/No If so,	when?		
Will you travel for multip	ole days at a time if the i	ob requires it?	Yes	s/No			
EDUCATION	. ,	1					
School	Name and Ad	ldress	Course of S	Course of Study		Diploma/Degree	
High School						Yes No	
						Yes	
Undergraduate School						No Yes	
Graduate School						No	
Other (Specify)						Yes No	
FORMER EMPLOYEI	<u>R</u>						
Dates (month/year)	Company Name	Contact	Salary	Position	Re	eason for leaving	

Branch of service	Status (Active/Retired/Veteran)		Rank				
<u>DRIVING</u>							
Driver's License #	State:			CDL:	Class:		
List any moving violations	s received with	in the last 2	years:				
SPECIFIC SKILLS ANI	D QUALIFIC.	ATIONS					
Please list your skill level Maintenance Skills	Navar	Somo	Evnort	Construction Work	Navar	Some	Evport
Push Mower	Never	Some	Expert	Tree/Shrub Planting	Never	Some	Expert
Zero Turn Mower				Natural Stone Work			
String Trimmer				Flagstone Work			
Pruning				Retaining Wall Work			
Chemical Application				Masonry			
Drive Small Dump Truck	k			Blue Print Reading			
Irrigation Work				Grading			
Electrical Work				Operating Skidsteer			
Snow Plowing				Operating Excavator			
List any additional skills o	or qualification	s you feel wo	ould be help	ful in considering you for t	his position	:	
REFERENCES							
Please list three references	s:						
	Name:			Phone:			

Name:______ Phone:_____

16'		
	63'	Area of rectangle:
15'	15'	Area of triangle:
		's home to build a patio. They arrive at 8:30 AM. They finish the job for the day and depart hours work on Mrs. Berkey's account?
Name t	hree deciduous trees (comme	on or scientific name):
Name t		scientific name):
<u>AGRE</u>	<u>EMENT</u>	
comple backgro that my	te. This is a DRUG FREE wound check. I understand tha	ed this form to the best of my ability. The facts set forth in this document are both true and orkplace and I understand that I may be subject to a drug screening test as well as a t if my application is accepted and that this is an "at will" workplace. I further understand be terminated at any time by myself or the Company that includes no guarantee, contract, or cific time.
Signatu	re:	Date:
We		ployer. All applicants will be considered for employment without attention to race, color, all orientation, gender identity, national origin, veteran or disability status.

KIMMELL'S PREMIER LANDSCAPES 583 TOWNSHIP ROAD 902, POLK OH 44866 (330) 464-7652 $\underline{\text{WWW.KIMMELLS.COM}}$ Revised 01/20