If you are hired by our company: BEFORE you Can begin working:

Need to see your Ohio driver's license or Ohio State ID.

Need to see your Social Security Card.

Copy of your driving record, regardless of if you Have a driver's license or not. This MUST come From Ohio Bureau of Motor Vehicles- Internet printouts are NOT acceptable.

You must have work boots to go out on the crews- **Cannot** start without this.

You will purchase your uniforms from us- will be Deducted from your paycheck.

Application for Employment

Today's Date _____

ALL information entered onto this application will be checked and verified.

Please be honest. Any information found to be false will terminate your employment here.

Personal Information:

First and Last NAME: _____ Social security #: _____

Present ADDRESS: _____ CITY: _____ ZIP: _____

Home Phone: _____ Cell Phone: _____ REFFERRED BY: _____

HEIGHT: _____ WEIGHT: _____ AGE: _____ BIRTH DATE: _____

Are you working now? _____ **Do you have a valid driver's license?** _____

Education:

ARE YOU STILL IN SCHOOL? YES☐ NO☐ ON SUMMER BREAK? YES☐ NO☐

DID YOU GRADUATE FROM HIGH SCHOOL? YES☐ NO☐ NAME OF SCHOOL _____

YEAR YOU GRADUATED _____ DID YOU ATTEND COLLEGE OR TRADE SCHOOL? YES☐ NO☐

SUBJECT STUDIED/ OR TYPE OF DEGREE _____

Employment Desired:

POSITION: _____ SALARY/ PAY DESIRED: _____

Are you looking for: FULL-TIME☐ PART-TIME☐ TEMPORARY☐ SUMMER JOB☐

Are you working now? Are you willing to work overtime? Can you work Saturdays? _____

Have you ever worked here before? YES☐ NO☐ If yes, when did you work here? _____

May we contact your current and/or past employers? _ _____

Why are you applying for a job here? _____

WORK HISTORY: (LIST MOST RECENT JOB FIRST) (must include a phone number for each employer)

NAME & **ADDRESS** OF COMPANY: _____ **PHONE #**: _____

YOUR POSITION THERE: _____ YOU DUTIES: _____

YOUR RATE OF PAY: _____ YOUR START DATE: _____ QUIT DATE:_____

REASON FOR LEAVING: _____

YOUR ATTENDANCE: EXCELLENT FAIR POOR Reason :_____

IF LAID-OFF, DO THEY PLAN TO CALL YOU BACK? WHEN? _____

NAME & **ADDRESS** OF COMPANY: _____ **PHONE #**: _____

YOUR POSITION THERE: _____ YOU DUTIES: _____

YOUR RATE OF PAY: _____ YOUR START DATE: _____ QUIT DATE:_____

REASON FOR LEAVING: _____

YOUR ATTENDANCE: EXCELLENT FAIR POOR Reason :_____

IF LAID-OFF, DO THEY PLAN TO CALL YOU BACK? WHEN? _____

NAME & ADDRESS OF COMPANY: _____ **PHONE #**: _____

YOUR POSITION THERE: _____ YOU DUTIES: _____

YOUR RATE OF PAY: _____ YOUR START DATE: _____ QUIT DATE: _____

REASON FOR LEAVING: _____

YOUR ATTENDANCE: EXCELLENT FAIR POOR Reason : _____

IF LAID-OFF, DO THEY PLAN TO CALL YOU BACK? WHEN? _____

JOB EXPERIENCE IN THE FOLLOWING AREAS:

(check YES **ONLY** if you got your experience from working with an **established company** or were taught at a **school** or **seminar**)

		Name of company or school that you learned this skill
LANDSCAPE INSTALLATION	☐ YES ☐ NO	_____
KNOWLEDGE OF PLANT MATERIAL	☐ YES ☐ NO	_____
SPRINKLER SERVICE WORK	☐ YES ☐ NO	_____
SPRINKLER SYSTEM INSTALLATION	☐ YES ☐ NO	_____
BRICK OR DECK INSTALLATION	☐ YES ☐ NO	_____
LAWN INSTALLATION	☐ YES ☐ NO	_____
LAWN INSTALLATION'S LICENSE	☐ YES ☐ NO	_____
SUPERVISING A CREW (1 YR MINIMUM)	☐ YES ☐ NO	_____
OPERATE MOWING EQUIPMENT	☐ YES ☐ NO	_____
OPERATE A TRACTOR OR FORKLIFT	☐ YES ☐ NO	_____
OPERATE PIPE PULLER/ TRENCHER	☐ YES ☐ NO	_____
OPERATE A STICK SHIFT VEHICLE	☐ YES ☐ NO	_____
REPAIR VEHICLES OR EQUIPMENT	☐ YES ☐ NO	_____

DRIVING RECORD:

DRIVER'S LICENSE NUMBER: _____

IF YOU DON'T HAVE ONE, EXPLAIN WHY: _____

HOW MANY POINTS ON YOUR RECORD: _____ REASON FOR POINTS: _____

DO YOU HAVE ANY DUI'S? ☐ YES NO ☐ HOW MANY TIMES HAVE YOU **EVER** BEEN CHARGED WITH DUI? ____

HAVE YOU EVER BEEN CHARGED WITH A FELONY? ☐ **YES** ☐ **NO**

WHEN/WHY? _____

OTHER INFORMATION:

DO YOU HAVE RELIABLE TRANSPORTATION TO GET TO WORK EVERY DAY? ☐ **YES** ☐ **NO**

DO YOU HAVE ANY UPCOMING COURT DATES, LAWYERS APPTS DOCTOR OR DENTIST APPOINTMENTS?

☐ **YES** ☐ **NO**

EXPLAIN: _____

DO YOU HAVE ANY SITUATION THAT WOULD REQUIRE YOU TO BE HOME BY A CERTAIN TIME? ☐ **YES** ☐ **NO**

EXPLAIN: _____

DO YOU HAVE ANY PHYSICAL HANDICAPS OR LIMITATIONS THAT WOULD AFFECT THE JOB DUTIES YOU WOULD BE CAPABLE OR PERFORMING? ☐ **YES** ☐ **NO** EXPLAIN: _____

DO YOU HAVE ANY BACK INJURY OR HEART CONDITION THAT WOULD LIMIT YOU FROM HEAVY LIFTING?

☐ **YES** ☐ **NO**

DO YOU HAVE ANY CLAIMS WITH WORKER'S COMP THAT ARE STILL ACTIVE? ☐ **YES** ☐ **NO**

HAVE YOU EVER HAD A WORKER'S COMP CLAIM WITH ANY PREVIOUS EMPLOYER? ☐ **YES** ☐ **NO**

LIST DATES AND THE TYPE OF INJURY: _____

WOULD YOU BE WILLING TO TAKE A PRE-EMPLOYMENT DRUG & ALCOHOL SCREENING TEST? ☐ **YES** ☐ **NO**

DO YOU FEEL YOU WOULD PASS A SCREENING TEST? ☐ **YES** ☐ **NO**

I certify that all the information I have given if true and complete. I understand that if I am employed by your company any misrepresentation or omission of facts on this application are grounds for immediate dismissal. I authorize BRUNNER LANDSCAPE and THORLEY DELLOYD COMPANY *to do a background check into the investigation of all statements on this application. The employers I have listed are hereby authorized to give your company any pertinent information they may have (personal or otherwise) release the companies from all liability for any damage that may result from utilization of such information.*

Signature: _____ date: _____