

Personal Information

Last Name: _____ First Name: _____ Date: _____
Address: _____ City/State/Zip: _____
Home/Mobile Phone: (____) - ____ - _____ Email address: _____
Position Applying For: _____ How did you learn of this position? _____
If referred by a River City Lawnscape employee, please include their name: _____
Date available: _____ Desired Pay: \$ _____ Are you at least 18 years old? ___ Yes ___ No
Will you work overtime if asked? ___ Yes ___ No Are you eligible to work in the United States? ___ Yes ___ No
Do you have a CDL? ___ Yes ___ No Do you have a valid driver's license? ___ Yes ___ No

Education Information

High School: _____ Location: _____ Graduate? ___ Yes ___ No
College: _____ Location: _____ Graduate? ___ Yes ___ No
Major/Subject of Study: _____
Trade/Business/Graduate School: _____ Location: _____ Graduate? ___ Yes ___ No
Major/Subject of Study: _____
Other: _____
Membership in Professional or Civic Organizations (exclude those which may disclose your race, color, religion or national origin): _____
Have you served in the U.S. Armed Forces? ___ Yes ___ No If yes, what branch? _____
Describe any military training received relevant to the position for which you are applying: _____

Employment History

Provide a complete employment history, starting with present or most recent employer. Include both full and part-time employment.

Employer Name: _____ Supervisor: _____
Address/City/State/Zip _____ Phone: (____) - ____ - _____
Reason for leaving: _____ May we contact the supervisor? Yes No
Start Date: _____ End Date: _____ Starting Wage: \$ _____ Ending Wage: \$ _____
Job Title and Duties: _____

Application for Employment

Employer Name: _____ Supervisor: _____
Address/City/State/Zip _____ Phone: (____) - ____ - ____
Reason for leaving: _____ May we contact the supervisor? Yes No
Start Date: _____ End Date: _____ Starting Wage: \$ _____ Ending Wage: \$ _____
Job Title and Duties: _____

Employer Name: _____ Supervisor: _____
Address/City/State/Zip _____ Phone: (____) - ____ - ____
Reason for leaving: _____ May we contact the supervisor? Yes No
Start Date: _____ End Date: _____ Starting Wage: \$ _____ Ending Wage: \$ _____
Job Title and Duties: _____

Employer Name: _____ Supervisor: _____
Address/City/State/Zip _____ Phone: (____) - ____ - ____
Reason for leaving: _____ May we contact the supervisor? Yes No
Start Date: _____ End Date: _____ Starting Wage: \$ _____ Ending Wage: \$ _____
Job Title and Duties: _____

Please read carefully and sign below:

The information provided in this application is true, correct, and complete. If offered employment, any misstatement or omission of fact on this application may result in dismissal. I understand the acceptance of an employment offer creates no obligation upon River City Lawnscape, Inc., to continue employment in the future.

Although management makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory: overtime, reduction in work hours, a rotating schedule other than Monday through Friday, or out of town work with per diem. I understand and accept these as conditions of my continuing employment.

I understand that this application or subsequent employment does not create a contract of employment nor guarantee employment for any definite period of time. If employed, I understand that I have been hired at the will of River City Lawnscape, Inc. and my employment may be terminated at any time, with or without cause and with or without notice. I understand that if I am employed, the company may change wages, benefits, and conditions at any time.

Signature: _____ **Date:** _____