



APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Name (Last, First & Middle)	Phone Number	Circle One: HOME CELL OTHER
Present Address		
Permanent Address		
		Referred by: (if applicable)
		Date of Birth
Any Tickets or Accidents in the last 5 years? If so, Explain	Any Misdemeanors? If so, Explain	
	Any Felonies? If so, Explain	

DESIRED POSITION

Title of Position	Desired Salary/Wage	Date you can start
Are you currently employed?	If so, may we contact your present employer?	

EDUCATIONAL BACKGROUND

	<u>School Name & Location</u>	<u>Dates in Attendance</u>	<u>Graduated? (If Applicable)</u>	<u>Subjects? (If Applicable)</u>
HIGH SCHOOL				
COLLEGE				
BUSINESS, TRADE, VO-TECH, ETC				

SPECIAL INTERESTS

US Military or Naval Service?
Special Skills and/or Training?
Special Study or Hobbies?

EMPLOYMENT HISTORY

Date (Month and Year)	<u>Name & Address of Employer</u>	<u>Ending Salary/Wage</u>	<u>Position Held</u>	<u>Reason for Leaving</u>
From:				
To:				
From:				
To:				
From:				
To:				



APPLICATION FOR EMPLOYMENT

Equal Opportunity Employer

REFERENCES Three persons not related to you, whom you have known at least 1 year.

Name	Address & Phone Number	Type of Reference (Personal, Work, etc?)	Years Known

Authorization

“I certify that the information I have provided in this application is true and complete to the best of my knowledge **and** I understand that one or more falsified statements within this application is grounds for dismissal”.

“I authorize investigation of all statements contained herein **and**, the references **and** employers listed within to give you any and all information concerning my previous employment **and** I release the company from all liability for any damage that may result in use of said information”.

“I authorize a representative of Premier Lawn & Pest, Inc, or an agent thereof, to access information up to and including criminal and motor vehicle records for insurance purposes”.

“I also understand and agree that no representative of the company has authority to enter into any agreement for employment for any specified period or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative”.

“This waiver does not permit the release or use of disability-related or medically-related information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant Federal and State Laws”.

Date: _____

Signature: _____

PLEASE DO NOT WRITE BELOW THIS LINE

Interviewed by: _____ Date: _____

Interviewer’s Comments:

Abilities:			
Criminal Background Check:			
Driving Background Check:			
Insurable?	YES	NO	
Pre-Employment Exam Score:			
Hire Date:	Starting Wage:		Rep. Initials: _____



I, _____, hereby give permission to Floralawn Inc. & Mulling Insurance Agency, Inc., to run my Motor Vehicle Report for insurance purposes. I authorize Mulling Insurance Agency, Inc. to release the Motor Vehicle information to Floralawn Inc. for employment screening purposes.

Name (print): _____

Date of Birth: _____

Driver's License #: _____ State: _____

Marital Status: _____

Signature as appears on license

Date

VOLUNTARY MEDICAL QUESTIONNAIRE

Name: _____ Height: _____ Weight: _____

INSTRUCTIONS: Answer YES or NO to the following questions. If your answer is YES list the approximate date of injury or treatment and give the details (doctor, hospital, city, state, etc.) in the space for details. Be sure to specify which numbered questions you are providing the details for in the right-hand column.

DO YOU HAVE OR HAVE YOU EVER HAD:

DETAILS:

1. Have you ever filed a worker's comp. claim? _____ _____
2. A back injury? _____ _____
3. A herniated intervertebral disc in your back? _____ _____
4. Back surgery for removal of disc? _____ _____
5. A neck injury? _____ _____
6. A herniated disc in your neck? _____ _____
7. Neck surgery for removal of a disc? _____ _____
8. A knee injury? _____ Which knee? _____ _____
9. Surgery on either of your knees? _____
Which knee? _____ _____
10. A shoulder injury? _____ Which shoulder? _____ _____
11. Surgery on either of your shoulder? _____
Which shoulder? _____ _____
12. An elbow injury? _____ Which elbow? _____ _____
13. Surgery on either of your elbows? _____
Which elbow? _____ _____
14. Arthritis or rheumatism? _____ _____
15. Amputation of your foot, leg, arm,
hand, finger or toe? _____ _____
16. Epilepsy? _____ _____

DO YOU HAVE OR HAVE YOU EVER HAD:

DETAILS:

17. Diabetes? _____
18. Cardiac disease (heart trouble)? _____
19. Total loss of sight of one or both eyes or
a partial loss of corrected vision of
more than 75% bilaterally? _____
20. Residual disability from poliomyelitis? _____
21. Cerebral palsy? _____
22. Multiple sclerosis? _____
23. Parkinson's disease? _____
24. Vascular disorder? _____
25. Psychoneurotic disability following treatment
recognized medical or mental institution
for a period in excess of 6 months? _____
26. Hemophilia? _____
27. Chronic osteomyelitis? _____
28. Ankylosis of a major
weight-bearing joint? _____
29. Hyperinsulinism? _____
30. Muscular dystrophy? _____
31. Thrombophlebitis? _____
32. Total deafness? _____
33. Have you ever been classified
as a mentally retarded? _____

DO YOU HAVE OR HAVE YOU EVER HAD:

DETAILS:

34. Any permanent physical condition which constitutes a 20% impairment of a member or of the body as a whole? _____
35. Rheumatic fever? _____
36. High Blood Pressure? _____
37. Varicose veins or leg ulcer? _____
38. Tuberculosis? _____
39. Allergies or Asthma? _____
40. Skin Trouble? _____
41. Reaction to serum or drug? _____
42. Kidney or bladder trouble? _____
43. Ulcers? _____
44. Head injury? _____
45. Cancer? _____
46. Any injury, operation or any disability not covered by the above questions? _____

All statements and information given in the questionnaire are true to the best of my knowledge and belief.

Applicant's Name: (Printed) _____

Applicant's Name: (Signed) _____

Date: _____