

KIRK'S LAWN CARE

Employment Application



APPLICANT INFORMATION

| | | | | | | | |
|---|------------------------------|-----------------------------|--|------------------------------|-----------------------------|--------|--|
| Last Name | | First | | M.I. | | Date | |
| Street Address | | | | Apartment/Unit # | | | |
| City | | | State | | ZIP | | |
| Phone | | | E-mail Address | | | | |
| Date Available | | | Social Security No. | | | D.O.B. | |
| Position Applied for | | | | | | | |
| Are you a citizen of the United States? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If no, are you authorized to work in the U.S.? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | | |
| Have you ever worked for this company? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If so, when? | | | | |
| Have you ever been convicted of a felony? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, explain | | | | |

REFERENCES

Please list three professional references.

| | | | | | | | |
|-----------|--|--|--------------|--|--|--|--|
| Full Name | | | Relationship | | | | |
| Company | | | Phone | | | | |
| Address | | | | | | | |
| Full Name | | | Relationship | | | | |
| Company | | | Phone | | | | |
| Address | | | | | | | |
| Full Name | | | Relationship | | | | |
| Company | | | Phone | | | | |
| Address | | | | | | | |

| PREVIOUS EMPLOYMENT | | |
|--|----|--------------------|
| Company | | Phone |
| Address | | Supervisor |
| Job Title | | |
| Responsibilities | | |
| From | To | Reason for Leaving |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> | | |
| Company | | Phone |
| Address | | Supervisor |
| Job Title | | |
| Responsibilities | | |
| From | To | Reason for Leaving |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> | | |
| Company | | Phone |
| Address | | Supervisor |
| Job Title | | |
| Responsibilities | | |
| From | To | Reason for Leaving |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> | | |

| MILITARY SERVICE | |
|----------------------------------|--------------------------|
| Branch | From To |
| Rank at Discharge | Type of Discharge |
| If other than honorable, explain | |

| DISCLAIMER AND SIGNATURE | |
|---|------|
| I certify that my answers are true and complete to the best of my knowledge. | |
| If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. | |
| Signature | Date |

Mail to: 902 Dickinson Court Limerick, PA 19468 **Email to:** employment@kirkslawncare.com
Phone: (484) 302-0055