

# THOMPSON LANDSCAPE COMPANY

## Application for Employment

### GENERAL INFORMATION

Please print

Name(First-Middle-Last):		Date:
Telephone Home:	Cell:	Social Security Number:
Address:		
City:	State:	Zip:
Position applying for:	Date Available:	
Name of referral source:	Wages or Salary expected:	
Do you have reliable means of transportation?	YES [ ]	NO [ ]
Are any of your relatives employed by this company?	YES [ ]	NO [ ]
If yes, list name and relationship:		
Are you under the age of 18? YES [ ] NO [ ]	Are you under 16? YES [ ]	NO [ ]
Have you ever been convicted of a crime (excluding misdemeanors)?	YES [ ]	NO [ ]
If yes, explain fully:		
Email address:		

**NOTE: Conviction will not necessarily disqualify applicant from employment.**

### EDUCATION AND TRAINING

Name and location of high school:		
Did you graduate?	YES [ ] NO [ ]	If no, last grade completed:
Name and location of college/votech?		
Did you graduate?	YES [ ] NO [ ]	Type of degree?
Other skills or training:		

### DRIVING RECORD

How would you rate your driving record:	Excellent [ ]	Average [ ]	Poor [ ]
Has Your license ever been suspended?	YES [ ] NO [ ]	If Yes, Why:	
Drivers license #:	State:		

### REFERENCES

<b>Please list professional associates who could be contacted for an employment reference.</b>	
Name:	Phone #:
Occupation:	Employer:
Name:	Phone #:
Occupation:	Employer:

### WORK EXPERIENCE

Begin with your last or present employer.

**Please cover employment for the past five years, including military service. (Active/Reserve)**

Name and Address of Employer:	Phone #:
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Dates of employment:	From:	To:	Pay Rate:
Title/Position Held:			
Name and Title of Immediate Supervisor:			
Description of Responsibilities:			
Reason for leaving:			

Name and Address of Employer:	Phone #:		
Dates of employment:	From:	To:	Pay Rate:
Title/Position Held:			
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Name and Address of Employer:	Phone #:		
Dates of employment:	From:	To:	Pay Rate:
Title/Position Held:			
Name and Title of Immediate Supervisor:			
Description of Responsibilities:			
Reason for leaving:			

**PLEASE READ THE STATEMENT BELOW CAREFULLY.**

I understand that any employment with Thompson Landscape is voluntarily entered into and, if employed, I may resign at any time for any reason. Similarly, Thompson Landscape may terminate the employment at any time for any reason.

I authorize the investigation of all statements contained in this application and further authorize Thompson Landscape to contact my past employers. My present employer may [ ] may not [ ] be contacted. I certify that all statements and information is true and acknowledge that any falsification of these facts is cause for separation from Thompson Landscape.

I understand that any offer of employment made to me by Thompson Landscape may be made contingent upon taking a medical exam and drug test.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_