

Application for Employment

Name _____
LAST FIRST MIDDLE

Address _____
CITY STATE ZIP

Telephone _____ Mobile Phone _____

Email _____ Social Security # _____

County _____ School District _____
OPTIONAL OPTIONAL

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Applications are received and employees are hired without regard to race, creed, color, sex, religion, age, national origin, marital status, physical or mental handicap, disability, sexual orientation, veteran's status, citizenship status, or any other protected classes under state, local, or county regulations. The receipt of this application does not mean that job openings exist and does not obligate us in any way. We appreciate your interest in our organization.

**ALL QUESTIONS MUST BE ANSWERED.
STATE "N/A" IF QUESTION IS NOT APPLICABLE.**

THIS IS A DRUG FREE WORKPLACE

_____ OFFICE USE ONLY _____

Start Date _____ Dept. _____ Status: Permanent Full-Time Pay Amount \$ _____/hour

Permanent Part-Time

Manager Signature _____ Seasonal

PERSONAL INFORMATION PLEASE PRINT

Date _____ Position Applied For _____

Salary Expectation _____ On what date would you be available for work? _____

Are you available to work: Full-Time Part-Time Weekends Temporary

Times available for work (please indicate whether "a.m." "p.m." or "any")

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

How were you referred to us? _____

Have you filed an application here before? Yes No If yes, date/location _____

Have you ever been employed here before? Yes No If yes, date/location _____

Are you employed now? Yes No May we contact your present employer? Yes No

Does your present employer know of your plans to change employment? Yes No

Why do you desire to make a change? _____

Are you on a lay off and subject to recall? Yes No

Have you ever been discharged or requested to resign from a position? Yes No If yes, explain _____

How much time have you lost from work during the last 12 months? _____

Do you have steady transportation to work? Yes No Can you travel if a job requires it? Yes No

Have you ever held a position of trust (handling money or confidential material)? Yes No

Have you ever been refused Bond? Yes No If yes, please explain _____

Are you legally eligible to work in the United States? Yes No
(Proof of citizenship/immigration status & identity is required upon employment)

Have you ever been convicted of or received a sentence for a crime(s) other than a minor traffic violation?
(Answering "yes" is not an automatic bar to employment)

Yes No If so, state date, court and place where offense(s) occurred _____

Do you hold a valid driver's license? Yes No List State _____

Have you been convicted of any moving violation(s) in the last 3 years? Yes No

If yes, give date(s) and explanation _____

List three things that are important to you in a work environment 1) _____

2) _____ 3) _____

List three characteristics that best describe you 1) _____

2) _____ 3) _____

FULL EMPLOYMENT HISTORY MUST BE COMPLETED EVEN WHEN ACCOMPANIED BY RESUME

A COMPLETE WORK HISTORY MUST BE PROVIDED. ALL EMPLOYMENT "GAPS" MUST BE LISTED

Employer	Dates Employed		Summary of Work Performed & Job Responsibilities
	From (Mo/Yr)	To (Mo/Yr)	
Address (Street, City and State)			
	Phone:		
Job Title	Hourly Rate Salary		
	Starting	Final	
Supervisor			
Resigned <input type="checkbox"/> Terminated <input type="checkbox"/>			
State Reason:			

Employer	Dates Employed		Summary of Work Performed & Job Responsibilities
	From (Mo/Yr)	To (Mo/Yr)	
Address (Street, City and State)			
	Phone:		
Job Title	Hourly Rate Salary		
	Starting	Final	
Supervisor			
Resigned <input type="checkbox"/> Terminated <input type="checkbox"/>			
State Reason:			

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Address (Street, City and State)			
	Phone:		
Job Title	Hourly Rate Salary		
	Starting	Final	
Supervisor			
Resigned <input type="checkbox"/> Terminated <input type="checkbox"/>			
State Reason:			

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	From (Mo/Yr)	To (Mo/Yr)	
Address (Street, City and State)			
	Phone:		
Job Title	Hourly Rate Salary		
	Starting	Final	
Supervisor			
Resigned <input type="checkbox"/> Terminated <input type="checkbox"/>			
State Reason:			

If you need additional space to provide a full work history, you must request a separate sheet(s) of paper.

SPECIAL SKILLS AND QUALIFICATIONS

List professional, trade, business or civic activities and offices held _____

Computer skills (list programs and proficiency level) _____

Typing _____ WPM Shorthand _____ WPM

What foreign languages do you speak, read and/or write? _____

Education Information

Schooling	Years Completed	Degree Rec. & Major Sub.	Name of School	Location	Did you graduate?
Grammar of High School					
Trade Bus. or Correspondence					
College					
Graduate School					

Honors Received: _____

Military Service

Branch of Service and Serial Number	Present Selective Service Classification	Rank at Discharge
List Duties/Special Training		

Agreement

The facts set forth above in my application for employment are true and complete. I understand that false statements or omission of information on this application or any other employment form may lead to dismissal or denial of employment. You are hereby authorized to make any investigation of my personal history, financial, criminal, credit and motor vehicle records through any investigative or credit agencies or bureaus of your choice. You are also authorized to administer personality profile tests and verify my background. A criminal record or sentence is not an automatic disqualification for employment. I agree to submit to any drug or alcohol testing prior to or after employment and I agree to submit to a medical evaluation if required.

In making this application for employment, I also understand that an investigative consumer report may be made whereby information is obtained through personal interviews with my neighbors, friends or others with whom I am acquainted. This inquiry includes information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of this investigative report. In exchange for the consideration of my employment application by this company, I hereby release and forever discharge the company (including its directors, officers, employees and agents) and my past and/or present employers (their directors, officers, employees and agents) from any liabilities which may result from an investigation of my past/present employment or from the disclosure of such information. I authorize the use of any information in this application to verify my statements, and I authorize the past employers, doctors, all references and any other persons to answer all questions asked concerning my ability, character, reputation and previous employment record.

I understand that if my application is accepted that employment with this company at all times is employment "at will." It is further understood that this "at will" relationship may not be changed by any written document, verbal statements, or by conduct unless such change is specifically acknowledged by an authorized executive of the company. I further understand that my "at will" employment may be terminated at any time by myself or the company and includes no guarantee, contract or promise of employment for any specific length of time. I understand that the first ninety (90) of employment is a new hire introductory period.

Signature of Applicant

Date

In case of emergency, I authorize you to notify:	
Work Phone ()	Home Phone ()

SUBSTANCE TESTING CONSENT FORM

PLEASE READ CAREFULLY

I understand that Meehan's Lawn Service (MLS) is committed to providing a productive and safe work environment for all employees. To further this goal, MLS has established a substance testing program. The program is administered in accordance with applicable federal, state and local laws.

Consistent with this program, I freely and voluntarily consent to provide blood, breath, hair, saliva, and/or urine samples in accordance with Company Policy and to the extent permitted by law, to determine whether drugs or other chemical intoxicants (including alcohol in appropriate cases) are present in my system. I agree to fully cooperate with MLS, its represented agents, medical review officer (if any) and any representative or agent of a clinic, laboratory and/or hospital involved in the sample collection, testing evaluation, and reporting and confirmation process.

I further consent to and authorize the release of all information generated by or obtained from my participation in the substance testing program to MLS, its agents, representatives, insurers and appropriate governmental agencies such as state unemployment or worker's compensation commissions to the extent permitted by law.

To the extent allowed by law, I release and hold harmless, individually and collectively, each person or business entity involved in the sample request, collection, testing, evaluating, reporting and for any decisions, adverse or otherwise, made concerning my employment or benefits eligibility based on the test results.

I understand that my failure or refusal to comply in all respects with the terms contained within, or a positive test result at the level established by MLS, may be grounds to deny or terminate my employment, or for other lawful consequences at the sole discretion of Meehan's Lawn Service.

Print Name: _____

Signature: _____ Date: ____/____/____

Employee Code: _____ Department: _____



Auto ♦ Home ♦ Life ♦ Business ♦ Health

Renz Insurance Agency, Inc.
Lacquement Insurance Agency
807 East Washington Street • Suite 220 • Medina, Ohio 44256
Phone: 330-722-2800 Fax: 330-952-1852

INSURANCE

**DISCLOSURE UNDER
FAIR CREDIT REPORTING ACT
AND CONSENT TO PROCUREMENT OF
CONSUMER REPORT
FOR EMPLOYMENT PURPOSES**

The undersigned hereby authorizes Meehan's Lawn Service, Inc. or its insurance agency, Renz Insurance Agency, Inc., or its assigns, to obtain copies of consumer reports, including a motor vehicle reports, pertaining to me for employment purposes, and for use in rating and/or underwriting insurance for which the above-named employer may apply, and any renewal thereof. I understand that obtaining such consumer reports, a consumer reporting agency, may be used, and I do hereby authorize such use.

Dated: _____ (Print Name)

Address: _____

Social Security Number: _____

Drivers License Number & State: _____

Signature: _____