BELLINGER'S PROFESSIONAL GROUNDS MAINTENANCE, INC. APPLICATION FOR EMPLOYMENT (Pre-Employment Application)

Personal Information: Name (Last name, First name)				Today's Date:		
				Social S		
Address:		City:				
Home Phone:			Cell Phon	e		
Email:						
Do you have landscapir	ng experience?	Yes:	No	:	•	
If yes, briefly explain:_						
Do you have farm expe	rlence?	Yes:	No.	:		
If yes, briefly explain:_						
Are you eligible to work i				;		·
Date & Month of birth_		·	· · · · · · · · · · · · · · · · · · ·			
	e of 18, do you have any			Yes:	No:	
Special Purpose J	Information:					
The following question	ons in this framed area		jer's with informati legally permissible		bona fide occupatio	nal qualification and
Have you been convicte	ed of a felony or misdem	eanor within the last	5 years? Yes	•	No:	_
	ed of driving under the in		icohol? Yes	*	No:	-
Do you have a valid driv	vers license?	Yes:	No:	_License #:	,	
Can you lift 50 pounds o	of weight?	Yes:	No:	State:	Exp. Date	
Do you have any physic	cal restrictions that may p	prevent you from peri	forming required tasi	ks ? Please	explain.	
Are You Alergic to Bee S	Stlngs?					
Military Service R	tecord:					
Branch of Service:		Rank:	Rank:		Discharge date:	
Present Membership in National Guard or Reserve:		ve:		Date obligation ends:		
Position / Availal	<u>oility:</u>					
Position Applied For:			/		Available start date:	
Education:	NO SOURCE TO THE P. IN THE REPORT OF THE PROPERTY SHOWS A					
# of years attended	School		City, State		Course of study	<u>Did you</u> graduate?
High			· · · · · · · · · · · · · · · · · · ·			
College						
Othor						
						aga . o. sound sade data - q - ng.aman / m . olova obroby who th

Skills and Qualifications: Licenses, Skills, Training, Awards								
Employment History: May we contact your present and		nt and past employers?	Yes:	No:				
Please list present and pa	st employers, most recent first		The second secon	THE STATE OF THE S				
Employer Name:								
Address:								
Phone #:	Email:	Contact:						
Position / Title:	Salary:	From:	To:					
Responsibilities:								
Reason for Leaving:								
Employer Name:			u					
Address:		-						
Phone #:	Email:	Contact:						
	Salary:							
Responsibilities:								
Employer Name:								
Address:				,				
Phone #:	Email:	Contact:						
Position / Title:	Salary:							
Responsibilities:								
Reason for Leaving:								
Employer Name:				,				
	Email:							
	Salary:							
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				-				
-		,						

References:

The state of the s	
Name:	
Address:	
Title / Occupation: Phone #:	
Name:	
Address:	
Title / Occupation: Phone #:	
Name:	
Address:	
Title / Occupation: Phone #:	
Name:	
Address:	
Title / Occupation: Phone #:	
I understand that if I am offered and accept a job, my employment is entirely "at will" and the company reserright to change the terms and conditions of my employment at any time as the company deems necessary appropriate. I understand that the company may end the employment relationship at any time, for any reason at all. I understand and agree as an employee "at will" I have the freedom to end the employment reason at all.	ary or on or for no
Falsification of any material or information requested may be grounds for refusal to hire, or for termination if the discovered after the applicant is hired.	he falsity is
This application is considered current for 120 days only. At the end of this period, if you are still interested employment with this company, it will be necessary for you to re-apply by filling out a new application for	ed in orm.
As part of the application process, I hereby consent and authorize the company to conduct a check of my curpast driving record. The company agrees to share the results of this license check and give me an opportunity any reports uncovered by this investigation.	rrent and / to explain
I understand that I must submit to a pre-employment test to screen for use of illegal drugs, and that a 'postive result will render me unemployable at Bellinger's	e' test
Signature:	