



EMPLOYEE APPLICATION

NAME:

First	Middle	Last
_____	_____	_____

ADDRESS:

PHONE (S):

EMAIL ADDRESS:

DRIVERS LICENSE #:

STATE ISSUED:

SOCIAL SECURITY #:

DATE OF BIRTH:

EMERGENCY CONTACT:

1

What type of experience do you have? Have you ever worked in lawn care or landscaping? Please explain:

2

What prior employment have you had? What position(s) did you hold?

3

Are there any physical limitations or medical conditions that would hinder your ability to complete the work assigned to you?

4

Are you able to work full time if there was a position available?

5

Are you looking for long-term seasonal employment?

6

Do you have mechanical experience? If so, please explain

7

List your last place of employment & phone number:

8

May we contact the employer listed above?

9

Please sign and date below to authorize Lakes Area Lawn Care to obtain a driving record and background check:

Signature

Date

10

Please demonstrate how you would mow a lawn by draw line(s) in pen below as if the line(s) were the mower...

