

# APPLICATION FOR EMPLOYMENT



A STANDARD OF EXCELLENCE FOR GENERATIONS

## EAST LAWN

•East Lawn is an Equal Opportunity Employer.

•This Application must be completed in full; personal resumes may be included, but do not substitute for a fully complete application.

<b>PLEASE PRINT IN INK</b>			<b>DATE:</b>		
<b>PERSONAL INFORMATION</b>					
NAME <i>LAST</i>		<i>FIRST</i>		<i>MIDDLE</i>	
				PHONE ( )	
LIST OTHER NAMES (IF ANY) UNDER WHICH YOU HAVE WORKED OR OBTAINED YOUR EDUCATION:				WORK OR MESSAGE PHONE ( )	
PRESENT ADDRESS		NUMBER AND STREET		SOCIAL SECURITY NO.	
CITY		STATE		ZIP	
				ARE YOU 18 YEARS OF AGE OR OVER? YES NO	
<b>POSITION OBJECTIVE</b>					
POSITION YOU ARE APPLYING FOR (PLEASE SPECIFY EXACT JOB)				LOCATION PREFERRED	
				SALARY DESIRED	
STATUS DESIRED				DATE AVAILABLE FOR EMPLOYMENT	
FULL TIME		PART TIME		AVAILABLE	
				HOURS/DAYS	
HAVE YOU PREVIOUSLY BEEN EMPLOYED BY EAST LAWN?				HAVE YOU PREVIOUSLY APPLIED FOR EMPLOYMENT WITH EAST LAWN?	
YES		NO		YES NO	
HOW DID YOU HEAR ABOUT EAST LAWN?					
WALK IN OTHER REFERRAL: NEWSPAPER, AGENCY, SCHOOL, EMPLOYEE, CUSTOMER, GOVERNMENT AGENCY					
REHIRE SPECIFY REFERRAL:					
WHAT ARE YOUR CAREER ASPIRATIONS AND OBJECTIVES?					

# GENERAL INFORMATION

DO YOU HAVE ANY RELATIVES EMPLOYED BY EAST LAWN?

YES    NO    FULL NAME AND RELATIONSHIP

DO YOU HAVE A VALID DRIVER'S LICENSE?  YES    NO	DRIVER'S LICENSE NUMBER/STATE	HAVE YOU EVER HAD YOUR DRIVER'S LICENSE REVOKED?  YES    NO
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**SKILLS/EDUCATION:**

Indicate any skills, equipment knowledge, educational courses/degrees or special training you have which you feel could qualify you for the type of work you seek with East Lawn (examples: embalming license, funeral director license, backhoe or lawn maintenance equipment skills, foreign language skills, accounting, computer or management courses, certificates, licenses or degrees).


EDUCATION	NAME & LOCATION OF SCHOOL	COURSE OF STUDY	YEARS COMPLETED	DEGREE OR DIPLOMA
HIGH SCHOOL				
COLLEGE				
COLLEGE				
TRADE				

REGISTRATIONS, CERTIFICATES OR LICENSES HELD

TYPE	STATE	NUMBER	LICENSED YEAR	CURRENT
				YES    NO
				YES    NO
				YES    NO



# APPLICATION FOR EMPLOYMENT STATEMENT & AGREEMENT

**THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF THIRTY (30) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY. PLEASE READ AND SIGN THE FOLLOWING:**

In the event of my employment to a position at this Company, I will comply with all rules and regulations of this Company. I understand that the Company reserves the right to require me to submit to a test for the presence of drugs/alcohol in my system prior to employment and at any time during my employment, to the extent permitted by law. I also understand that any offer of employment may be contingent upon the passing of a physical examination and a test for the presence of alcohol and/or narcotics in my system, performed by a doctor selected by the Company. Further, I understand that at any time after I am hired, the Company may require me to submit to a physical examination and an alcohol and drug test to the extent permitted by law. I consent to the disclosure of the results of physical examinations and related tests to the Company. I also understand that I may be required to take other tests such as personality and honesty tests, prior to employment and during my employment. I understand that should I decline to sign this consent or decline to take any of the above tests, my application for employment may be rejected or my employment may be terminated.

I understand that the Company may investigate my driving record and my criminal record (after a conditional job offer) and that an investigative consumer report may be prepared whereby information is obtained through personal interviews with my neighbors, friends, personal references, and 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 investigation. I further understand that the Company may contact my previous employers, and I authorize those employers to disclose to the Company all records and information pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, I hereby fully waive any rights or claims I have or may have against my former employer, their agents, employees, and representatives, as well as other individuals who release information to the Company, and release them from any and all liability, claims or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me.

I, the undersigned, do hereby authorize this Company to obtain from the state in which I hold my driver's license, an abstract of my driving record for use in claims investigation, rating and underwriting the insurance for which the Company has applied, and renewal thereof. I understand that in obtaining a Driving Record, a Consumer Reporting Agency may be used by the Company or their authorized insurance representative and do hereby authorize such use.

For positions that require operating personal vehicles, I understand I must produce proof of current auto insurance at legal limits in order to be employed in these positions.

I authorize the persons named herein as personal references to provide the Company with any pertinent information they may have regarding myself.

I hereby state that all information that I provided on this application or any other documents filled out in connection with my employment, and in any interview is true and correct. I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that if I am employed and any such information is later found to be false in any respect, I may be dismissed. I understand if selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration laws require me to complete a Form I-9 in this regard.

**If hired, I agree as follows: My employment and compensation is terminable "at-will", is for no definite period, and my employment and compensation may be terminated by the Company (employer) at any time, without good cause at the option of either the Company or myself. No implied, oral, or written agreements contrary to the express language of this agreement are valid unless they are in writing signed by the President of the Company. No supervisor or representative of the Company, other than the President of the Company, has any authority to make any agreements contrary to the foregoing. This agreement is the entire agreement between the Company and the employee regarding the right of Company or employee to terminate employment without good cause, and this agreement takes the place of all prior and contemporaneous agreements, representations, and understandings of the employee and the Company.**

If you have any questions regarding this statement, please ask a Company representative before signing.

**I hereby acknowledge that I have read the above statements, understand and agree to the same.**

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT & AGREEMENT.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

