Applicati	ion For Employment							
Date:	Positio	n(s) Applied For:						
Full 7	TimePart Time	Full or P	Part Time					
If you are	applying for Part Time, wha	t <u>days and hours</u>	are you available?					
Your Nam	ne:	Telep	hone Number					
Current A	ddress	City	Zip	_				
How did y	ou learn about us?							
Advert	tisementFriend	Walk-in	Employment Agency	Relative				
<u>Referenc</u> employees		, and Telephone I	Number of three (3) references	s who are <u>not</u> relatives or former				
Name	Ado	dress	Phone #					
Name	Ade	dress	Phone #					
Name	Ade	dress	Phone #					
Please list	the extent of your Education	ı, including trade	schools, apprenticeship progr	ams and military experience.				
	plain why you want to work f			he future.				
	nswer The Following Qu		s Much Detail As Necesso	<u>ury:</u>				
	Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?NoYes							
2. Ha	Have you been convicted of a felony, or are there any convictions pending?							
	NoYes-if Yes give	details						

3.	Are you currently employe	ed?NoYo	es							
4.	If you are currently emplo	oyed, may we contact your emp	ployer for r	eferences?	_NoYes					
5.	On what date are you available to start work?									
6.	Can you travel to jobsites within 60 miles of Milwaukee?NoYes									
7.	Do you have objections to working Saturdays or Sundays if necessary?NoYes									
8.	Do you have a valid Wisco	onsin Driver's License?	NoY	es. If Yes please	e fill in the following					
	information: D L #Expiration Date:									
9.	-	mercial Driver's License)			at classifications are					
	Have you driven a truck	before?NoYes.	What size	was the truck?	·					
	If Yes did it have a manu	ual transmission?No	Yes.							
<u>Em</u>	ployment History - List the	e three employers you had beg	ginning witl	1 the most recen	t:					
Emp	bloyer:	Address:								
Tele	phone Number:	Your Position:		Salary:						
Supervisor:		Start Date:	Finish Date:							
Reas	son You Left:									
Emp	bloyer:	Address:								
Tele	phone Number:	Your Position:		Salary:						
Supe	ervisor:	Start Date:	Finis	h Date:						
Reas	son You Left:									
Emp	bloyer:	Address:								
Telephone Number:		Your Position:	Salary:							
Supervisor:		Start Date:	Finis	h Date:						
Reas	son You Left:									

I certify that the facts contained in this application are true and complete to the best of my knowledge and I understand that if employed false statements shall be grounds for dismissal. I authorize investigation of all statements contained and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. I understand and agree that if hired my employment is for no definite period and may regardless of the date of payment of my wages and salary, be terminated at any time without any prior notice.

Signature_____

Date_____

Please return application to:

Ground Affects Landscaping, Inc. W1526 Froelich Rd. Sullivan, WI 53178

EQUAL OPPORTUNITY EMPLOYER