

# LAWN DOCTOR OF DENVER

## Employment Application

APPLICANT INFORMATION			
Last Name		First	M.I.      Date
Street Address			Apartment/Unit #
City		State	ZIP
Phone		E-mail Address	
Date Available		Social Security No.	Desired Salary
Position Applied for			
Are you a citizen of the United States?		YES <input type="checkbox"/> NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?    YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?		YES <input type="checkbox"/> NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of a felony?		YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, explain

EDUCATION			
High School		Address	
From	To	Did you graduate?    YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate?    YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate?    YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone (      )
Address	
Full Name	Relationship
Company	Phone (      )
Address	
Full Name	Relationship
Company	Phone (      )
Address	

PREVIOUS EMPLOYMENT			
Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
Signature	Date

## Driving Information

Do you have your own transportation? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes: Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Drivers License Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

State \_\_\_\_\_ Exp Date: \_\_\_\_\_

List any tickets received and/or accidents in the past three (3) years:

Tickets:

<u>City</u>	<u>State</u>	<u>Date</u>	<u>Violation</u>
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- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

Accidents:

<u>City</u>	<u>State</u>	<u>Date</u>	<u>Violation</u>
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- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

Has your license ever been suspended or revoked? Yes\_\_\_\_\_ No\_\_\_\_\_

Date of Revocation \_\_\_\_\_

### Additional Information

Have you ever applied pesticides? Yes\_\_\_\_\_ No\_\_\_\_\_

Do you have a pesticide applicator license in CO or any other state? Yes \_\_\_\_\_ No\_\_\_\_\_

If yes, please provide license number and state of license along with any categories.

\_\_\_\_\_  
\_\_\_\_\_

Has your applicators license ever been suspended or revoked? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, Please explain:

\_\_\_\_\_  
\_\_\_\_\_

**LAWN DOCTOR OF DENVER**

Medical History Questionnaire

Name: \_\_\_\_\_

SEX ( ) MALE ( ) FEMALE

Have you been to a doctor in the past year? ( ) Yes( ) No

If so, what were you treated for?

\_\_\_\_\_

Name and Address of Family Physician \_\_\_\_\_

Have you at anytime been treated for or been told that you have trouble with any of the following? Answer Yes or No

Heart \_\_\_\_ Lungs\_\_\_\_ Tumors \_\_\_\_ Diabetes \_\_\_\_ Dizzy Spells \_\_\_\_ Urinary System \_\_\_\_ Nervous Disorders \_\_\_\_ Kidneys \_\_\_\_ Cancer \_\_\_\_ Hernia \_\_\_\_ Back \_\_\_\_ Stomach \_\_\_\_ Knees \_\_\_\_

Have you been a patient in a hospital during the past 3 years? ( ) Yes( ) No

Have you ever been advised to enter a hospital but did not do so? ( ) Yes( ) No

Have you ever been advised to have a surgical operation but did not? ( ) Yes( ) No

Do you have any known physical impairments or ill health? ( ) Yes( ) No

Please write details of all yes answers above:

\_\_\_\_\_

Have you ever received or are you now receiving Workers Compensation? ( ) Yes( ) No

If yes, what for, and when?

\_\_\_\_\_

Do you currently smoke, inhale, or use illegal drugs or other substances including marijuana?

( ) Yes( ) No

If requested, would you agree to a physical examination and/or drug screening? ( ) Yes( ) No

I, the undersigned, hereby authorize Lawn Doctor of Denver to deduct the cost of my pre-employment Physical Examination and/or drug screening from my final paycheck in the event of my termination for any reason before the end of my probationary period. I understand that any false or misleading information furnished by me on this application form or in connection with my application for employment may result in rejection of the applicator if employed by Lawn Doctor, in the termination of employment.

Date \_\_\_\_\_

Signature \_\_\_\_\_

INTERVIEWERS COMMENTS: