

Application for Employment



OLSON TOON
LANDSCAPING

PLEASE TYPE OR PRINT Complete the entire two-sided application.

Position Applying For:	Name (Last, First, Middle):	Other names under which you have attended school or been employed:
Street Address:	City, State & Zip:	
	Home Phone:	Work Phone:
		Other Phone:
Type of employment desired: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal		
Are you eligible to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you 18 years of age or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If NO, what is your current age?
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, what is your current job title & department?
Have you ever been employed by Olson Toon Landscaping?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, dates of employment & reason for leaving:
Are you related to any current Olson Toon Landscaping employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, their name & their relationship to you?
If required for position, do you have a valid driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, State of issuance, license #, and expiration date:
Have you ever pled "guilty" or "no contest" to, or been convicted of a crime?		
How did you learn about this employment opportunity? Check all that apply: <input type="checkbox"/> Ad in <i>newspaper</i>		
<input type="checkbox"/> Walk-In <input type="checkbox"/> Website <input type="checkbox"/> Referral by employee <input type="checkbox"/> Other:		

EDUCATION

Name of School	City/State	Did you graduate?	If No, # of years left to graduate	If Yes, date of Graduation	Degree received	Major
High School:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
GED:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other credentials/licenses/ professional affiliations, etc., which are relevant to the job(s) for which you are applying.						

SKILLS: Please list technical, clerical, trade skills, etc., relevant to this position. Include relevant computer systems and software packages of which you have a working knowledge, and note your level of proficiency (basic, intermediate, expert).

WORK EXPERIENCE-Please detail your entire work history. Begin with your current or most recent employer. If you held multiple positions with the same organization, detail each position separately. Attach additional sheets if necessary. Omission of prior employment may be considered falsification of information. Please explain any gaps in employment. Include full-time military or volunteer commitments.

NOTE: Olson Toon Landscaping reserves the right to contact all current and former employers for reference information.

Dates Employed From: To	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title:
Starting Salary:	Organization Name and Address:	
Final Salary:		
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:
Dates Employed From: To	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title:
Starting Salary:	Organization Name and Address:	
Final Salary:		
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:
Dates Employed From: To	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title:
Starting Salary:	Organization Name and Address:	
Final Salary:		
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:

PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION.

I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date. I authorize Olson Toon Landscaping to investigate, without liability, all statements contained in this application and supporting materials. I authorize references checks from former employers. If requested, I agree to submit to a physical exam, criminal and credit background investigation, and/or screening for illegal substances upon conditional offer of employment. I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that employees of Olson Toon Landscaping serve at-will, and the employment relationship may be terminated at any time by either party, for any or no reason, other than a reason prohibited by law. If employed, I will be required to furnish proof of eligibility to work in the U.S. and comply with company regulations.

Applicant Signature: _____

Date: _____