



Application for Employment

Pre-Employment Questionnaire
Equal Opportunity Employer

Personal Information

Date _____

Name (Last Name First)			Social Security No.	
Present Address	Apt. No.	City	State	Zip Code
Permanent Address	Apt. No.	City	State	Zip Code
Home Phone	Cell Phone		Are you 18 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employment

Position(s) applied for		Date you can start	Salary desired
Are you employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, may we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Current salary \$
Are you available to work Saturday or Sunday, if needed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you available to work overtime, if needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please explain	

Education & Training

Type of School	Name of School	Years Attended	Major Courses	Did you graduate?
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No
College				<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Training				

Former Employers

Company		Location		Supervisor
Phone	Job Title		Salary \$	
Start Date	End Date	Reason for leaving		

Former Employers (continued)

Company		Location		Supervisor
Phone	Job Title		Salary \$	
Start Date	End Date	Reason for leaving		

Company		Location		Supervisor
Phone	Job Title		Salary \$	
Start Date	End Date	Reason for leaving		

Personal References

Name	Position	Company	Phone	Years Acquainted
Name	Position	Company	Phone	Years Acquainted
Name	Position	Company	Phone	Years Acquainted

Authorization

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers 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 the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative."

Signature _____ Date _____

Please return to: RainMaster Lawn Systems
 3445 London Road
 Eau Claire, WI 54701
 (715) 839-8484