

Total TurfCare, Inc.
827 York St.
Salina, Kans. 67401
785-827-6983 Fax: 785-827-6969
E-Mail Services@TotalTurfCareInc.com

For Office Use Only: Date Received ___/___/___ Received By: _____ Interview Set Up: <input type="checkbox"/> yes <input type="checkbox"/> no Interview ___ a.m. or p.m. Date of interview ___/___/___ <input type="checkbox"/> Hired <input type="checkbox"/> Not Hired Date to Start ___/___/___ Wage _____
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EMPLOYMENT APPLICATION

TO THE APPLICANT: We appreciate your interest in Total TurfCare, Inc. It is the policy of Total TurfCare to select and promote without regard to Race, Color, Religion, Sex, National Origin, Disability, or other unlawful classification.

PERSONAL INFORMATION

Name _____ Date ___/___/___
(Last) (First) (M.I.)

Address _____
(Street) (City) (State) (Zip)

How Long At Current Address _____

Telephone (____) _____ Cellular (____) _____ Other (____) _____

E-Mail Address _____

Are you over 18 yes no

Are you currently authorized to work in the U.S. Yes No, Proof of eligibility will be required if hired.

Position Applied For _____ Full Time Part Time
 Any Available

Wage Desired _____

I Would not be available to work, Sun. Mon. Tues Wed Thur Fri Sat

If hired, when would you be available to start your employment? ___/___/___

I am willing to work overtime if needed (over 40 hours per week) Yes No

Do you have a current Drivers License? Yes No License number _____
State of Issue _____ Expiration Date _____

What is your means of transportation to work? _____

Have you had any accidents during the past three years? _____ How Many? _____

Have you had any moving violations in the past three years? _____ How Many? _____

Have you ever been convicted of a felony crime? Yes No (describe below)

Have you ever been convicted of a misdemeanor crime? Yes No (describe below)

Conviction is not an automatic disqualification for a job; the type and seriousness of the crime, the frequency of violations, the age at the time of conviction, the date of conviction, the entire work and educational history will be considered.
Additional or supportive documentation may be requested to assist in rendering an employment decision.

If hired is there any reason you would not be able to consistently show up for work?

Yes No Explain _____

EDUCATION

Highest grade completed (*Circle One*) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18+

Do you have a high school diploma or GED? YES NO

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	YEARS ATTENDED	MAJOR & DEGREE
HIGH SCHOOL	_____	_____	_____	_____
COLLEGE	_____	_____	_____	_____
BUS. OR TRADE SCHOOL	_____	_____	_____	_____

Additional Skills or Qualifications; _____

Do you hold a professional license relevant to the job for which you are applying? Yes No

If yes, give type _____

Have you ever had a professional license/certificate suspended or revoked? Yes No

If yes, explain (date/employer/reasons) _____

PROFESSIONAL AND CHARACTER REFERENCES (Not Relatives)

NAME	RELATIONSHIP	ADDRESS	PHONE

WORK EXPERIENCE

Please list your work experience for the past 3 years beginning with your most recent job held. If you were self employed, give name of firm. Attach additional sheet if necessary.

Name of employer Address City, State, Zip Code Phone Number	Employment Dates	Pay Rate
	Name of Supervisor	
Last Job Title		
Reason For Leaving:		
List the jobs you held, duties performed, skills learned, advancements or promotions earned while you worked for this employer.		

Name of employer Address City, State, Zip Code Phone Number	Employment Dates	Pay Rate
	Name of Supervisor	
Last Job Title		
Reason For Leaving:		
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Name of Employer Address City, State, Zip Code Phone Number	Employment Dates	Pay Rate
	Name of Supervisor	
Last Job Title		
Reason For Leaving		
List the jobs you held, duties performed, skills learned, advancements or promotions earned while you worked for this employer.		

May we contact your present employer? _____ Previous employers? _____ If not, explain which ones may not be contacted and reason(s) _____.

I hereby give Total TurfCare, Inc. or its authorized representatives permission to make a thorough investigation of my past employment, education, and activities, and I release from liability all persons, companies, corporations, governmental entities, or academic institutions supplying such information. I also release Total TurfCare, Inc. and its authorized representatives from any liability arising from making such investigation. I understand that falsified statements or misrepresentations or omissions on this application, or other employment documents shall be considered sufficient cause for denial of employment or discharge.

I understand that my employment with Total TurfCare, Inc. shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relationship with Total TurfCare, Inc. is terminable at will for any reason by either party.

Signature of Applicant _____ Date: _____