



1401 West Evergreen Drive
 Appleton, WI 54913
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Info@shadetoday.com

Application for Employment

Name: Last		First		M.I.	
Street		City		State	
Home Phone		Business Phone	Cell Phone	Are you 18 years or older? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you legally eligible to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been convicted of a crime other than minor traffic violations? Yes <input type="checkbox"/> No <input type="checkbox"/>			If yes, please provide date/s and type/s of conviction/s:		
Position Applied For:		Employment Desired Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	Have you previously been employed by our company? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Date Available:	Salary Desired:	Driver's License Number: _____ Yes <input type="checkbox"/> List CDL Commercial Drivers License No <input type="checkbox"/> Endorsements: _____			
How did you learn of this position?					
Employee <input type="checkbox"/>	Highway Reader Board <input type="checkbox"/>	Web Site <input type="checkbox"/>	Job Service <input type="checkbox"/>	Other: (Please Explain) _____	
Employment Agency <input type="checkbox"/>	Friend <input type="checkbox"/>	Relative <input type="checkbox"/>	Inquiry <input type="checkbox"/>		

Educational Background

Level	Name of School Attended	Years Completed	Major	Graduate? Yes or No
High School				
College				
Technical Training				
Other				

Skills

Place a check mark and record the number of years next to each skill area in which you have had prior work experience.

Sales		Large Equipment		Carpentry	
Retail Sales		Knowledge of Plant Varieties		Concrete	
Construction		Estimator		Horticulture	
Small Equipment		Landscape Design		Irrigation	
Mechanic		Secretarial		Snow Plowing	
Skidster		Excavator		Landscape Maintenance	
Loader		Hardscapes		Softscapes	

List any other skills that apply:



Previous Employment History

1. Most Recent Employer's Name			Position Held		Supervisor's Name & Title		
Address			Phone Number		Start Date	End Date	
City	State	Zip Code	May we contact this employer		Starting Wage	Ending Wage	
			Yes <input type="checkbox"/>				
			No <input type="checkbox"/>				
Reason For Leaving			Duties Performed				
2. Employer's Name			Position Held		Supervisor's Name & Title		
Address			Phone Number		Start Date	End Date	
City	State	Zip Code	May we contact this employer		Starting Wage	Ending Wage	
			Yes <input type="checkbox"/>				
			No <input type="checkbox"/>				
Reason For Leaving			Duties Performed				
3. Employer's Name			Position Held		Supervisor's Name & Title		
Address			Phone Number		Start Date	End Date	
City	State	Zip Code	May we contact this employer		Starting Wage	Ending Wage	
			Yes <input type="checkbox"/>				
			No <input type="checkbox"/>				
Reason For Leaving			Duties Performed				

References

List three persons not related to you whom you have worked with and know your work.

Name	Business	Address	Phone	Years of Acquaintance
1.				
2.				
3.				

Read carefully Before Signing (This form will not be accepted without an actual signature and date)

I understand that misrepresentation or omission of facts on this application may cause for dismissal. I further understand that this employment application and any other company documents are not contracts of employment, and that any individual who is hired may voluntarily leave employment under proper notice, and may be terminated by the employer at any given time and for any reason. I authorize investigation of all statements and employment information contained in this application, and I hold blameless all who give or receive such information.

***** May Be Subject to Pre-Employment Drug Testing*****

Signature _____

Date _____

FOR OFFICE USE ONLY		
Employee # _____	Hire Date _____	Start Date _____
Position _____	Rate of Pay _____	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>
Resume <input type="checkbox"/>	Applicant Interview Date ____/____/____	Time _____ am/pm