

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Name _____
Last Name First Name Middle Initial

Present Address _____
Street Apt. No. City Zip Code

Social Security Number _____ Phone Number: _____

Wisconsin Drivers License Number: _____

Birth date: _____

DESIRED EMPLOYMENT

Position _____

Date You Can Start _____ Hourly Salary Desired _____

Are You Employed Now? _____

If so, may we inquire of your present employer? _____

EDUCATION

Highest Level of Education Completed _____ Year Completed _____

Did you Graduate? _____

FORMER EMPLOYERS

Name of Present or Last Employer _____

Address _____

Starting Date _____ Leaving Date _____

Job Title _____ Weekly or Hourly Salary _____

Name & Title of Supervisor _____

May we contact your supervisor? _____ Phone number _____

Description of Work _____

Reason for Leaving _____

Zeiler Landscape LLC
Your Quality Landscape and Lawn Maintenance Company
N73 W22542 Edgewood Lane, Sussex, WI 53089
Ph- 262-246-0449 Fax- 262-246-1916 zlandscape@wi.rr.com

FORMER EMPLOYERS CONT.

Name of Previous Employer _____
Address _____
Starting Date _____ Leaving Date _____
Job Title _____ Weekly or Hourly Salary _____
Name & Title of Supervisor _____
May we contact your supervisor? _____ Phone number _____
Description of Work _____
Reason for Leaving _____

REFERENCES

Below, give the names of three persons not related to whom you have known at least one year.

	Name	Phone Number	Business	Years Acquainted
1.				
2.				
3.				

Have you been convicted of a felony within the last 5 years? _____
If yes, please explain _____

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.

Date Signature