



"Excellence in Landscape and Design"

Application for Employment

PERSONAL INFORMATION

Name (LAST NAME, FIRST NAME)		Date of Birth	Social Security Number
Current Address		Home Phone	
City, State Zip Code		Cell Phone	
Permanent Address (If different than above)		City, State Zip Code	

DESIRED EMPLOYMENT

Desired Position (Check ALL that apply) <input type="checkbox"/> Retail Sales <input type="checkbox"/> Mow Crew <input type="checkbox"/> Internship <input type="checkbox"/> Construction Crew <input type="checkbox"/> Design Staff <input type="checkbox"/> Other		Available Start Date	Desired Salary
Are you currently employed? <input type="checkbox"/> YES <input type="checkbox"/> NO	If so may we inquire of your present employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	Who referred you to this company (Check ALL that apply)? <input type="checkbox"/> Newspaper <input type="checkbox"/> College Placement Service <input type="checkbox"/> Walk In <input type="checkbox"/> Friend	
Have you worked for Iowa Outdoor Products before? <input type="checkbox"/> YES <input type="checkbox"/> NO	When?	Name of Last Supervisor at Iowa Outdoor Products	
Reason for Leaving:			

EDUCATION

HIGH SCHOOL (School Name)	SCHOOL LOCATION (City, State)	# Of Years Attended	Related Course Work
COLLEGE (School Name)	SCHOOL LOCATION (City, State)	# Of Years Attended	Related Course Work
BUSINESS OR TRADE SCHOOL (School Name)	SCHOOL LOCATION (City, State)	# Of Years Attended	Related Course Work
SERVICE RECORD (Branch of Service)	Final Rank at Discharge	Discharge Date	

WORK RELATED EXPERIENCE



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PAST EMPLOYMENT EXPERIENCE

Name of Present or Most Recent Employer			Phone
Address		City	State, Zip Code
Starting Date	Ending Date	Job Title	Final Hourly Rate
May we contact your supervisor? ◇ YES ◇ NO	Supervisor's Name	Supervisor's Title	Phone
Description of Work			
Reason for Leaving			

Name of Previous Recent Employer			Phone
Address		City	State, Zip Code
Starting Date	Ending Date	Job Title	Final Hourly Rate
May we contact your supervisor? ◇ YES ◇ NO	Supervisor's Name	Supervisor's Title	Phone
Description of Work			
Reason for Leaving			

Name of Previous Employer			Phone
Address		City	State, Zip Code
Starting Date	Ending Date	Job Title	Final Hourly Rate
May we contact your supervisor? ◇ YES ◇ NO	Supervisor's Name	Supervisor's Title	Phone
Description of Work			
Reason for Leaving			



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PERSONAL REFERENCES

Please give the names of three people, you are not related to, whom you have known for at least two years.

Name	Address	Relationship	Years Acquainted

Have you been convicted of a felony within the last 5 years? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, Explain. (Will not necessarily exclude you from consideration)

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 make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative."

SIGNATURE

DATE