



PERSONAL INFORMATION

First and Last Name 	Phone Number
Email Address 	Mailing Address

Which position(s) are you interested in?

- ☐ Mowing
- ☐ Landscaping
- ☐ Snow Plowing/Hand Crew

Do you have a valid Driver's License? Yes ☐ No ☐

Do you have a valid Commercial Driver's License (CDL)? Yes ☐ No ☐

Can you show proof of legal authorization to work in the U.S.? Yes ☐ No ☐

EDUCATION

Level	Name of School	Did you Graduate?
High School		
Business/Trade		
University/College		

EMPLOYMENT HISTORY

Name of Company 	Telephone 	Dates Employed
Reason for Leaving 		

Name of Company	Telephone	Dates Employed
Reason for Leaving		

Name of Company	Telephone	Dates Employed
Reason for Leaving		

PLEASE READ ALL THE FOLLOWING BEFORE SIGNING

I certify that the information shown on this application is correct and complete to the best of my knowledge and that I have not knowingly withheld any fact or circumstance. I understand that falsifying or omitting information on this form may cause me to be disqualified from further consideration or dismissed from employment if hired.

All employment offers are made contingent upon satisfactory proof or legal authorization to work in the United States according to the law. I understand that failure to provide satisfactory proof of identity and authorization to work in the United States will disqualify me from employment.

I understand that if hired, my status will be that of an employee at will, with no contractual right, expressed or implied, to remain employed. In consideration of my employment, I specifically agree that my employment may be terminated, with or without cause or notice, at any time, at the option of either the employer or myself. I understand that no one, other than the President of the Company, in writing, may enter any agreement for employment on my behalf or make any agreement contrary to the foregoing.

I understand that, if hired, I may be required to undergo a physical examination and drug and alcohol screening test either: if I should become involved in an accident while on duty, on company premises, on job sites, or in a company vehicle; or if a reasonable suspicion of drug or alcohol use exists based on my performance, appearance and/or behavior. The examination and test will be performed by the employer's choice of physician.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In addition to authorizing the release of any information about my employment, I hereby fully waive any rights or claims against my former employer and its agents, employees, and representatives. I release Steffens Lawn Care and its agents, employees, and representatives from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any information by any person or party, whether such information is favorable or unfavorable to me. I acknowledge that I have read this authorization and release, fully understand it, and fully and voluntarily agree to its provisions.

SIGNATURE AND DATE:
