

## Mahon Lawn Care & Landscaping LLC Application for Employment

**PLEASE COMPLETE PAGES 1-3 AND SIGN AT THE BOTTOM.**

DATE \_\_\_\_\_

Name \_\_\_\_\_  

Last
First
Middle
Maiden

Present address \_\_\_\_\_  

Number
Street
City
State
Zip

How long \_\_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

If under 18, please list age \_\_\_\_\_

Position applied for \_\_\_\_\_ Salary or Pay desired \_\_\_\_\_

How many hours can you work weekly? \_\_\_\_\_

Employment desired     FULL-TIME ONLY     PART-TIME ONLY     FULL- OR PART-TIME

When available for work? \_\_\_\_\_

Have you ever been employed by Mahon LC&L LLC Before?     No     Yes    If Yes When? \_\_\_\_\_

Who should we contact in case of an emergency (Name & Phone)? \_\_\_\_\_

		<b>EDUCATION</b>		
TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME?     No     Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. \_\_\_\_\_

\_\_\_\_\_

### DRIVING STATUS

DO YOU HAVE A DRIVER'S LICENSE?     Yes     No

What is your means of transportation to work? \_\_\_\_\_

Driver's license number \_\_\_\_\_ State of issue \_\_\_\_\_     Operator     Commercial (CDL)     Chauffeur  
 Expiration date \_\_\_\_\_

Have you had any accidents during the past three years?    How many? \_\_\_\_\_

Have you had any moving violations during the past three years?    How many? \_\_\_\_\_

<b>PERSONAL REFERENCES</b>	
Please list two references other than relatives or previous employers.	
Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
_____	_____
Telephone ( ) _____	Telephone ( ) _____

<b>MILITARY</b>	
HAVE YOU EVER BEEN IN THE ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No	
ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Specialty _____ Date Entered _____ Discharge Date _____	

<b>WORK EXPERIENCE</b>			
Please list your work experience for the <b>past five years</b> beginning with your most recent job held. If you were self-employed, give firm name.			
May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates From To	Pay or salary Start Final
Your last job title			
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates From To	Pay or salary Start Final
Your Last Job Title			
Reason for leaving (be specific)			

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

By signing this Application, Applicant hereby authorizes a credit/background/random drug and alcohol testing to be processed and further releases the information to be provided to the above-named and/or its Agents. Applicant further acknowledges that the information provided is true, accurate, and complete to the best of their knowledge. Employer reserves the right to terminate employee if information is not as represented. Applicant further releases any and all information to the above-names and/or his Agents. This release will be ongoing unless otherwise terminated by the applicant.

**Signature of applicant** \_\_\_\_\_ **Date:** \_\_\_\_\_