



2040 Fort Riley Blvd.
Manhattan, KS 66502
Phone: 785-539-2842
Fax 785-539-2899
service@masterlandscapeinc.com

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer dedicated to a policy of non-discrimination on any basis including race, color, age, sex, religion, or national origin.

Personal information

Name:

Present address:

Permanent address:

Phone Number:

Driver's license #

Driver's license state

Driver's license expiration date:

Social Security Number:

Employment Desired

Position:

Date you can start:

Desired Salary:

Current Salary:

Is this the first time you've applied to Master Landscape, Inc.?

Former Employment – List your last three employers, beginning with the most recent one

Company Name:

City, State:

Phone Number:

Contact Person:

Your Position:

Your Salary:

Company Name:

City, State:

Phone Number:

Contact Person:

Your Position:

Your Salary:

Company Name:

City, State:

Phone Number:

Contact Person:

Your Position:

Your Salary:

Current Employer if applicable:

May we inquire of your present employer? If no, why not?

References List three people, not related to you, whom you have known at least one year.

Name:

Phone number:

Years acquainted:

How you know each other:

Name:

Phone number:

Years acquainted:

How you know each other:

Name:

Phone number:

Years acquainted:

How you know each other:

Physical Record Please list any physical conditions that may limit your ability to perform the job for which you are applying, and explain, if necessary. These answers will be voluntary and confidential.

Have you ever been convicted of a felony?

Driving Qualifications NOTICE Substance and Alcohol testing is required of applicant driver.

Answer yes or no: Do you have a current driver's license and are legally able to drive?

If not, when will you be able to drive?

Has any license, permit or privilege ever been suspended or revoked? Answer Yes or no:

If the answer to either of the previous questions is yes, please provide detail:

Driving Experience

Dates

App. # of miles

Straight Truck

Tractor/Semi

Other

Traffic Record: For the past three years NOT INCLUDING parking violations

Date

Location

Violation

Penalty

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice.

Date:

Signature:

Additional Information

In case of emergency, notify:

Name:

Relation to you:

Phone Numbers:

Do not write below this line – for office use only

Comments _____

Hired_____

Start Date_____

Position_____

Salary_____

Will Report to:_____

Supervisor_____

ATTACH:

Copy of Driver’s license
Copy of SS Card