

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION Complete *all* applicable information

Name (Full - Last, First, MI)					
Position(s) applied for:			Are you willing to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Weekends <input type="checkbox"/> Evenings <input type="checkbox"/> Nights		
Street Address:		City	State	Zip	
Home Phone	Business Phone	Have you previously been employed by our company? <input type="checkbox"/> Yes <input type="checkbox"/> No Where?			
Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			When could you start employment?		
Have you ever applied for employment with our company? <input type="checkbox"/> Yes <input type="checkbox"/> No When?			Have you ever been convicted of a felony? <input type="checkbox"/> Yes; Explain on back. <input type="checkbox"/> No		

EMPLOYMENT HISTORY (List below last three employers, starting with the most recent one first)

Present or Last Position		Name of Company		From Mo/Yr	To Mo/Yr
Street Address:		City		State	Zip
Duties:		Reason for Leaving:			
Starting Annual Salary	Final Annual Salary	Bonus	Commission	May we contact your supervisor?	
Name of Supervisor		Title and Department of Supervisor		Phone Number of Supervisor	
Next Previous Position		Name of Company		From Mo/Yr	To Mo/Yr
Street Address		City		State	Zip
Duties:		Reason for Leaving:			
Starting Annual Salary	Final Annual Salary	Bonus	Commission		
Name of Supervisor		Title and Department of Supervisor		Phone Number of Supervisor	
Next Previous Position		Name of Company		From Mo/Yr	To Mo/Yr
Street Address		City		State	Zip
Duties:		Reason for Leaving:			
Starting Annual Salary	Final Annual Salary	Bonus	Commission		
Name of Supervisor		Title and Department of Supervisor		Phone Number of Supervisor	

EDUCATION INFORMATION

High School or GED	Address	City	State	Degree	Subjects Studied	
College	Address	City	State	Degree	Major	GPA
College	Address	City	State	Degree	Major	GPA
Graduate School	Address	City	State	Degree	Major	GPA
Other	Address	City	State	Degree	Major	GPA

GENERAL

Additional Space (add any information you think would help us understand why you are qualified to work at Seasonal Solution Landscape):

If applying for a supervisor, management or sales position, do you have a valid Georgia driver's license? Yes ___ No ___
What specific sales, fabrication, construction or manufacturing training have you had?

Do you have computer skills? ___ Yes ___ No

Words/Minute:

Office Use only: Test given? _____yes _____no

If applying for a general office position:

Accounts Receivable skills ___ Yes ___ No

Accounts Payable skills ___ Yes ___ No

In what computer software programs are you **proficient**? [Name the package(s).]

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY

In consideration of my employment, I agree to conform to the policies and procedures of Seasonal Solution Landscape. I understand that in accepting this application, Seasonal Solution Landscape is in no way obligated to provide me with employment and that I am not obligated to accept employment if offered. Furthermore, if employed, I understand that I am employed at will and that my employment and compensation can be terminated with or without cause, and with or without notice at any time.

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that any falsified statements on this application or omission of fact on either this application or during the pre-employment process will result in my application being rejected, or, if I am hired, in my employment being terminated.

I understand that this application is valid for ninety (90) days from the date I sign it. If I expect consideration beyond that date, I understand it is necessary to resubmit another completed application.

I also understand that any offer of employment is conditioned on the completion of pre-employment tests and documentation. I will, upon request, sign all necessary consent forms.

Date

Signature

Basic Skills Evaluation

1. Complete the following math problems: $10 \times 12 =$ $123 - 19 =$ $125 / 5 =$ $169 + 13 =$
2. Circle the number that is greater. $\frac{1}{4}$ " or $\frac{3}{8}$ " $\frac{1}{2}$ " or $\frac{7}{16}$ " $\frac{7}{8}$ " or $\frac{15}{16}$ "
3. You witness someone working in the company doing something unsafe. What would you do?
4. Think of a time you really excelled in your job or work. What were you doing?
5. Give 3 examples of things that frustrate you at work or things you do not enjoy doing.
6. Describe your personal goals for 1 year? 5 Years?
7. What are you currently looking for in a job/company?
8. Describe your perfect job and working environment.
9. What is your favorite music? Why?
10. Describe a personal accomplishment that you are most proud of.