



SUMMER LAWN
EMPLOYMENT APPLICATION

PERSONAL INFORMATION

Date: _____

Name (First, Middle, Last) _____

Address _____ Telephone Number (_____) _____

City, State & Zip _____ Email Address _____

Do you have a valid Driver License? Yes / No

Do you have anything that prohibits you from driving? Yes / No

If Yes, please explain _____

Date of Birth _____

Social Security Number _____

Are you a U.S. Citizen? Yes / No

If No, do you have a legal right to remain and work in the U.S.? Yes / No

EMPLOYMENT HISTORY – Begin with most recent employment

Date From: _____ To: _____

Company Name: _____ City, State _____

Titles and Duties: _____

Reason for Leaving: _____

Supervisor's Name: _____

Telephone Number: _____

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Date From: _____ To: _____

Company Name: _____ City, State _____

Titles and Duties: _____

Reason for Leaving: _____

Supervisor's Name: _____

Telephone Number: _____

Date From: _____ To: _____

Company Name: _____ City, State _____

Titles and Duties: _____

Reason for Leaving: _____

Supervisor's Name: _____

Telephone Number: _____

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EDUCATION & TRAINING – Include Technical/Courses

Have you obtained a High School diploma or GED certificate? Yes / No

School/College/University _____ Location _____

Degree/Diploma _____ Subj. of Specialization _____

Specialized Courses & Training _____

PROFESSIONAL & TECHNICAL EDUCATION – To Be Completed for Licensed/Registered Position

Idaho Registration No. _____ Expiration Date _____

Certificate No. _____ Expiration Date _____

If not licensed in Idaho, have you applied? Yes / No

PERSONAL REFERENCES – Can Not Be a Relative

Name and Title or Relationship _____ Daytime Phone _____

1) _____

2) _____

3) _____

SUPPLEMENTAL INFORMATION

Have you ever been convicted of a felony, imprisoned, placed on probation, are under supervision, or fined a violation of any law that would inhibit your ability to perform job functions at Summer Lawns? If yes, please explain.

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WORK ABILITIES AND / OR RESTRICTIONS

Do you have experience operating any of the following equipment?

Manual Transmission Vehicle/Truck and Trailer

Yes / No

Skid Loader Tractor

Yes / No

Exmark Navigator

Yes / No

Exmark Metro

Yes / No

Weed Eater

Yes / No

Lawn Trimmer

Yes / No

Backpack Blower

Yes / No

Are you able to lift/carry a 30lb blower for up to 8 hours?

Yes / No

Are you able to lift, carry, push 20-50lbs of landscape material/equipment?

Yes / No

Able to start / use landscape power equipment without aid from others?

Yes / No

Are you willing to take a pre-employment drug test?

Yes / No

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Notice of Drug & Alcohol Abuse Policy

As part of our effort to provide a safe and healthy work environment free from drug abuse, applicants who are applying for employment will be required to undergo drug screening as a condition of employment. A positive test result will make an applicant in-eligible for employment with Summer Lawns. A negative test result does not guarantee employment with Summer Lawns.

_____ I understand that if I am employed, my employment is not definite and can be terminated at
Initials anytime either with or without prior notice by Summer Lawns, Inc.

_____ I agree that by signing this application, the information I have provided is accurate and true to the
Initials best of my knowledge.

_____ I understand I will be required to conduct a pre-employment drug screening before I can begin work
Initials with Summer Lawns.

_____ I understand that Summer Lawns will request a background check that includes criminal conviction
Initials records in any jurisdiction, social security verification, driving records in any jurisdiction, etc.

I acknowledge that I have read and understood all of the foregoing and wish to proceed with the application process.

Signature _____ Date _____

Printed Name _____

SUBMIT