

Date \_\_\_\_\_

# Application for Employment

**PERSONAL INFORMATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Soc Sec Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Cell Phone Number(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

Other address during last five (5) years:

From: _____ To: _____	From: _____ To: _____

How did you learn of us?     Advertisement     Walk In     Other  
 Current Employee \_\_\_\_\_     Employment Service \_\_\_\_\_

State name(s) of any relative(s) in our employ and your relationship to them:

Name:	Relationship:

Are you 18 years old or older?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever filed an application with us before?	<input type="checkbox"/> Yes, dates: _____	<input type="checkbox"/> No
Have you ever been employed with us before?	<input type="checkbox"/> Yes, dates: _____	<input type="checkbox"/> No
Are you currently employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
May we contact your present employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you authorized to work permanently in the U.S.?	<input type="checkbox"/> Yes (proof is required)	<input type="checkbox"/> No
Which work schedule is preferred?	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time
Are you able to work overtime?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What date are you available to start work?	Date: _____	
Salary Desired: <i>Please indicate salary range</i>	Rate: _____	
If required, can you travel for the job?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of a felony within the last 5 years? (Conviction of a felony will not automatically disqualify an applicant for employment) If yes, state nature of offense, when, where and disposition:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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**We consider all applicants for employment without regard to race, color, religion, national origin, sex, age, marital or veteran status, or the presence of a non-job related condition or disability under Federal or State law. We adhere to a policy of Equal Employment Opportunity.**

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**ACADEMIC INFORMATION**

	Name & Address Of School	Courses of Study	Years Completed	Diploma or Degree	Grade Point Average
<b>High School</b>					
<b>Undergraduate School</b>					
<b>Graduate/ Professional</b>					
<b>Other (Specify)</b>					

**EMPLOYMENT EXPERIENCE**

Last or Present Position		
Company		Phone
Address	Supervisor	
Dates Employed: from	to	Hourly rate/salary: starting                      final
Product Line/Services	Work Performed	
Reason for leaving or wanting to leave		



Next to Last Position		
Company		Phone
Address	Supervisor	
Dates Employed: from	to	Hourly rate/salary: starting                      final
Product Line/Services	Work Performed	
Reason for leaving or wanting to leave		



Next to Last Position		
Company		Phone
Address	Supervisor	
Dates Employed: from	to	Hourly rate/salary: starting                      final
Product Line/Services	Work Performed	
Reason for leaving or wanting to leave		

**GENERAL INFORMATION**

Special Skills: (i.e. bi-lingual, special skills, training, etc.)

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Activities: (list extracurricular activities and/or offices held that might relate to the position for which you're applying)

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Explain how your talents will benefit this Company in the position you are applying for.

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In your present or last position, what are your standards of success in your job? What have you done to meet these standards?

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In the last year, what do you consider the most important contribution you have made to your department or organization? What was your role?

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What are some of the most imaginative or innovative things you have done in your present or last position?

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**REFERENCES:** Give the name, address, and telephone number of two (2) references who are not related to you and are not previous employers.

Name	Address	Phone

**APPLICANT STATEMENT**

I hereby certify that the information that is provided on this application is true and complete to the best of my knowledge. I also agree that any falsified information or significant omissions may disqualify me from further consideration for employment and may result in an immediate discharge if discovered at a later date.

I authorize a thorough investigation of my past employment, references and activities and agree to cooperate in such investigation and release from all liability or responsibility all persons and corporations requesting or supplying information. A copy of this application on which my signature appears shall be effective for the release of the information requested herein.

I agree not to disclose or permit disclosure of any financial or proprietary information or trade secrets of the Company, that may be learned during the course of my application and/or employment.

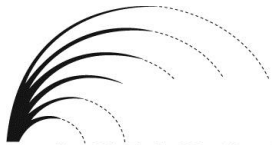
I understand that if employed, my employment will be "at-will", and that either the Company or I may terminate my employment at any time for any reason or no reason. I acknowledge that I do not rely and have not relied on any representation or statements made by the Company or any of its agents, representatives, supervisors or managers, whether oral or otherwise, that are inconsistent with or differ in any way from the statements presented in this application. In consideration of my employment, I agree to conform to the rules and policies of the Company and understand that no supervisor or representative of the Company has any authority to enter into any agreement or assurances contrary to the Company's policies. I also understand that this application is not a contract of employment.

I also understand that as a candidate for employment, I have read the Drug-Free Workplace Statement. I understand that my employment is contingent upon a successful completion of a drug-screening test administered as a pre-employment condition. The confirmed presence of a controlled substance without adequate explanation will result in the termination of application for employment

**Drug-Free Workplace Statement**

We are committed to providing its employees with a safe work environment and promoting the highest standards of employee health and productivity. Consistent with these commitments, the Company has established an Alcohol and Drug Policy. Our goal is to establish and maintain a work environment that is free from the effects of alcohol and drug use and abuse.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_



# LASKO&OHIO GROUP

**Lawn Sprinkling Systems,  
Landscaping and  
Creative Outdoor Lighting**

6215 HEISLEY ROAD, MENTOR, OH 44060

OFFICE: 440-639-1700 FAX: 440-639-9300

**FOR PRE-EMPLOYMENT PURPOSES ONLY. THE APPLICANT MUST SIGN  
ACKNOWLEDGING AND AGREEING TO THE INVESTIGATION.**

Dear Applicant,

We appreciate your interest in employment. As part of our normal procedure for processing applications, a routine inquiry into your background may be made. This inquiry typically includes but is not limited to a review of education, employment, credit, driving record, civil and criminal litigation searches, licenses and general reputation within the community.

Would you please read the following statement and indicate your agreement by signing below.

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I authorize all persons, investigation agencies, business organizations, schools, companies, corporations, credit bureaus and law enforcement agencies to provide Lasko Enterprises, Inc. AKA Lasko & Ohio Lawn Irrigation, and its agents any information concerning my background. I release Lasko Enterprises, Inc. and its agents from any and all liability and responsibility, damages and claims of any kind whatsoever arising from this investigation of my background.

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Signature

Date

Please print first, middle initial & Last name here.

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Address including city, state and zip code

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Driver's license number

State

Social Security Number

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Date of birth for identification purposes only