

## Application For Employment at Burris Lawn Care

Your Name: \_\_\_\_\_ Telephone Number \_\_\_\_\_

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

Date: \_\_\_\_\_ Position(s) Applied For: \_\_\_\_\_

\_\_\_ Full Time     \_\_\_ Part Time

If you are applying for Part Time, what days and hours are you available? \_\_\_\_\_

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How did you learn about us?

\_\_\_ Advertisement     \_\_\_ Friend     \_\_\_ Our Trucks     \_\_\_ Relative     \_\_\_ Our Website

References - List the Name, Address, and Telephone Number of three (3) references who are not relatives.

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Name	Address	Phone #
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Name	Address	Phone #
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Name

Address

Phone #

Please list the extent of your Education, including trade schools, apprenticeship programs and military experience.

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Briefly explain why you want to work for our company, and what your goals are for the future.

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Please Answer The Following Questions With As Much Detail As Necessary:

1. Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? \_\_\_\_\_ No \_\_\_\_\_ Yes

2. Have you been convicted of a felony, or are there any convictions pending?

\_\_\_\_\_ No \_\_\_\_\_ Yes-if Yes give details \_\_\_\_\_

\_\_\_\_\_

3. Are you currently employed? \_\_\_\_\_ No \_\_\_\_\_ Yes

4. If you are currently employed, may we contact your employer for references?

\_\_\_\_\_ No \_\_\_\_\_ Yes

5. On what date are you available to start work? \_\_\_\_\_

6. Do you have objections to working Saturdays or Sundays if necessary? \_\_\_\_\_ No \_\_\_\_\_ Yes

7. Do you have a valid Mississippi Driver's License? \_\_\_\_\_ No \_\_\_\_\_ Yes. If Yes please fill in the following information: D L # \_\_\_\_\_ Expiration Date: \_\_\_\_\_.

8. Do you have a CDL (Commercial Driver's License) \_\_\_\_\_ No \_\_\_\_\_ Yes If Yes, what classifications are you approved for? \_\_\_\_\_

9. Have you driven a truck before? \_\_\_\_\_ No \_\_\_\_\_ Yes. What size was the truck? \_\_\_\_\_.

Employment History - List the three employers you had beginning with the most recent:

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Your Position: \_\_\_\_\_ Salary: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Start Date: \_\_\_\_\_ Finish Date: \_\_\_\_\_

Reason You Left: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Your Position: \_\_\_\_\_ Salary: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Start Date: \_\_\_\_\_ Finish Date: \_\_\_\_\_

Reason You Left: \_\_\_\_\_

I certify that the facts contained in this application are true and complete to the best of my knowledge and I understand that if employed false statements shall be grounds for dismissal. I authorize investigation of all statements contained and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. I understand and agree that if hired 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 any prior notice.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please print or digitally fill in this application and return to [Seth@burrislawncare.com](mailto:Seth@burrislawncare.com), or email when hand written copy is completed so a further meeting can be arranged.