



APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of nondiscrimination in employment on any basis including race, color, religion, sex (including pregnancy, gender identity, and sexual orientation), national origin, age (40 or older), disability, or genetic information.

Applicant Information					Date:	
First Name:		Last Name:			M.I.	
Street Address:						
City:		State:		Zip Code:		
Phone #:			Email:			
Date Available		Last four of SSN		XXX-XX-	Desired Salary:	\$
Position Applied for:						
Are you a citizen of the United States:			<input type="checkbox"/> Yes <input type="checkbox"/> No		If not, are you authorized to work in the U.S.?	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever worked for SLMC?			<input type="checkbox"/> Yes <input type="checkbox"/> No		If so, when?	
Are you currently employed?			<input type="checkbox"/> Yes <input type="checkbox"/> No		If so, may we contact your employer?	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
Type of Employment: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary						
Job-Related Skills						
<input type="checkbox"/> Yes <input type="checkbox"/> No		Have you been given a job description or had the essential functions of the job been explained to you?				
<input type="checkbox"/> Yes <input type="checkbox"/> No		Do you understand these essential functions?				
<input type="checkbox"/> Yes <input type="checkbox"/> No		After carefully reviewing the job description and physical requirements of the job for which you are applying, are you able to perform the essential function of the job?				
IF THIS POSITION REQUIRES DRIVING COMPANY VEHICLES – PLEASE COMPLETE						
<input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have a valid driver's license?				
<input type="checkbox"/> Yes <input type="checkbox"/> No		Have you ever been disqualified from driving?				
If yes, state the reason(s), date of revocation or suspension, and date of reinstatement:						
Check what Equipment you have used:			<input type="checkbox"/> Lawn mower <input type="checkbox"/> Weed eater <input type="checkbox"/> Riding lawn mower <input type="checkbox"/> Tractor <input type="checkbox"/> Edger <input type="checkbox"/> Blower <input type="checkbox"/> Other _____			

Employment History: Please give details of relevant previous employment/key achievements that might help us assess your suitability for the job for which you are applying, starting with the most recent employment and working backward.

Employer Name:			
Address:			
Phone #:		Email Address:	
Employer Name:			
Address:			
Phone #:		Email Address:	
Employer Name:			
Address:			
Phone #:		Email Address:	

References: Include only individuals familiar with your work ability. Do not include relatives or names of supervisors listed.

Name	Phone #/Address	Year's known/relationship
1.		
2.		
3.		

Education		
Name	City/State	Graduated
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No
College		<input type="checkbox"/> Yes <input type="checkbox"/> No
Other		<input type="checkbox"/> Yes <input type="checkbox"/> No

Signature: _____ Date: _____

At-Will Employment: Scott Lake Maintenance Company is on an at-will basis unless otherwise specified in a written employment agreement. You are free to resign at any time, for any reason, with or without notice. Similarly, the Company is free to conclude the employment relationship at any time for any lawful reason, with or without cause, and with or without notice.