

**APPLICATION FOR EMPLOYMENT**  
**MG's Lawn Green Inc.**

MG's Lawn Green Inc. is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.

**PERSONAL:**

Name \_\_\_\_\_ Date \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Number & Street City State Zip Code

Position Sought \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time

Date Available \_\_\_\_\_ Salary Desired \_\_\_\_\_ Phone # \_\_\_\_\_

Email Address \_\_\_\_\_

Social Security Number \_\_\_\_\_

Are you over 18 years old? ☐ Yes ☐ No Date of birth: \_\_\_\_\_

Are you legally eligible for employment in the United States? ☐ Yes ☐ No  
(If offered employment, you will be required to provide documentation to verify eligibility.)

**EDUCATION:** Please indicate education or training which you believe qualifies you for the position you are seeking.

**High School:** No. of Yrs Completed (circle one) 1 2 3 4

**Diploma:** ☐ Yes ☐ No **G.E.D.:** ☐ Yes ☐ No

School(s) \_\_\_\_\_ City/State \_\_\_\_\_

**College and/or Vocational School:**

Number of Years Completed (circle one) 1 2 3 4

School(s) \_\_\_\_\_ City/State \_\_\_\_\_

Major \_\_\_\_\_ Degrees Earned \_\_\_\_\_

**Other Training or Degrees:**

School(s) \_\_\_\_\_ City/State \_\_\_\_\_

Course \_\_\_\_\_ Degree or Certificate Earned \_\_\_\_\_

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**PROFESSIONAL LICENSE OR MEMBERSHIP:**

Type of License(s) Held \_\_\_\_\_

State of [State Name] License Number \_\_\_\_\_

License Expiration Date \_\_\_\_\_

Other Professional Memberships \_\_\_\_\_

(You need not disclose membership in professional organizations that may reveal information regarding race, color, creed, sex, religion, national origin, ancestry, age, disability, marital status, veteran status or any other protected status.)

<p><b>This application for employment is good for 30 days only. Consideration for employment after 30 days requires a new application.</b></p>
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**SKILLS :**

Office: Typing \_\_\_\_\_ wpm.

\_\_\_ Microsoft Word    \_\_\_ Excel    \_\_\_ Powerpoint

Other Software Skills \_\_\_\_\_

Have you ever been employed in any facility of MG's Lawn Green Inc.? ☐  
Yes ☐ No

If so, please state facility name and location and dates of employment  
\_\_\_\_\_  
\_\_\_\_\_

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**RECORD OF CONVICTION :**

During the last ten years, have you ever been convicted of a crime other than minor traffic offense?  
☐ Yes ☐ No

If yes, explain: \_\_\_\_\_

(A conviction will not necessarily automatically disqualify you for employment. Rather, such factors as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered).

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**EMPLOYMENT:** List last employer first, including U.S. Military Service.

May we contact your present employer? ☐ Yes ☐ No

If any employment was under a different name, indicate name  
\_\_\_\_\_

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

Telephone \_\_\_\_\_ Position \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
Mo/Yr Mo/Yr

Salary \_\_\_\_\_ Supervisor \_\_\_\_\_ Department \_\_\_\_\_

Duties \_\_\_\_\_ FT ☐ PT ☐ No. of Hrs. \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

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

Telephone \_\_\_\_\_ Position \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
Mo/Yr Mo/Yr

Salary \_\_\_\_\_ Supervisor \_\_\_\_\_

Department \_\_\_\_\_

Duties \_\_\_\_\_ FT \_\_\_ PT \_\_\_ No. of Hrs. \_\_\_

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

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Mo/Yr Mo/Yr

Salary \_\_\_\_\_ Supervisor \_\_\_\_\_

Department \_\_\_\_\_

Duties \_\_\_\_\_ FT \_\_\_ PT \_\_\_ No. of Hrs. \_\_\_

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

Telephone \_\_\_\_\_ Position \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
Mo/Yr Mo/Yr

Salary \_\_\_\_\_ Supervisor \_\_\_\_\_

Department \_\_\_\_\_

Duties \_\_\_\_\_ FT \_\_ PT \_\_ No. of Hrs. \_\_\_\_

Reason for Leaving \_\_\_\_\_

If you wish to describe additional work experience, attach the above information for each position on a separate piece of paper.

Explain any gaps in work history:

\_\_\_\_\_

Have you ever been discharged or asked to resign from a job? \_\_ Yes \_\_ No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Professional**  
**Name** \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

**Name** \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Email \_\_\_\_\_

**Personal**  
**Name** \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

**Name** \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Email \_\_\_\_\_