



9547 West Third St.  
 Dayton, OH 45417-7228  
 (937) 835-5642  
 (937) 835-5714 Fax

# EMPLOYMENT APPLICATION

<b>Personal Information:</b>		1. DATE		2. SOCIAL SECURITY NUMBER	
3. NAME			4. DRIVERS LICENSE NUMBER		5. STATE
6. PRESENT ADDRESS		7. CITY		8. STATE	9. ZIP CODE
10. PERMANENT ADDRESS		11. CITY		12. STATE	13. ZIP CODE
14. PHONE NUMBER		15. DATE OF BIRTH (voluntary)		16. MARITAL STATUS	
				17. REFERRED BY	
<b>Physical Record:</b>		18. DO YOU SMOKE?		19. IF YES TO 18, HOW OFTEN?	
				20. HAVE YOU EVER TAKEN PRESCRIPTION MEDICINE FOR 2 MONTHS OR MORE	
21. IF YOU ANSWERED YES TO 20, FOR WHAT CONDITION			22. ARE YOU CURRENTLY TAKING ANY MEDICATIONS?		
23. IF YOU ANSWERED YES TO 22, FOR WHAT CONDITION					
24. LIST ANY PHYSICAL CONDITION YOU HAVE WHICH MAY LIMIT YOUR ABILITY TO PERFORM THE JOB YOU ARE APPLYING FOR.					
<b>Education:</b>					
25. GRAMMAR SCHOOL		26. LOCATION		27. CIRCLE LAST YEAR COMPLETED <b>1 2 3 4 5 6 7 8</b>	
28. HIGH SCHOOL		29. LOCATION		30. CIRCLE LAST YEAR COMPLETED <b>1 2 3 4</b>	
31. TRADE OR BUSINESS SCHOOL		32. LOCATION		33. CIRCLE LAST YEAR COMPLETED <b>1 2 3 4</b>	
34. COLLEGE OR UNIVERSITY		35. LOCATION		36. CIRCLE LAST YEAR COMPLETED <b>1 2 3 4 5 6 7</b>	
37. LIST ANY SUBJECTS OF SPECIAL STUDY OR RESEARCH			38. EXTRA ACTIVITIES (CIVIC, ATHLETIC)		
<b>Personal References:</b>		GIVE NAMES AND ADDRESSES OF 3 PERSONS NOT RELATED TO YOU, THAT YOU HAVE KNOWN AT LEAST 2 YEARS			
39. NAME		40. ADDRESS		41. PHONE	
				42. YEARS KNOWN	
43. NAME		44. ADDRESS		45. PHONE	
				46. YEARS KNOWN	
47. NAME		48. ADDRESS		49. PHONE	
				50. YEARS KNOWN	
<b>Former Employers:</b>		LIST 3 MOST RECENT EMPLOYERS BELOW			
51. NAME		52. ADDRESS		53. DATE HIRED	
				54. DATE QUIT	
55. SALARY		56. REASON FOR LEAVING			
57. NAME		58. ADDRESS		59. DATE HIRED	
				60. DATE QUIT	
61. SALARY		62. REASON FOR LEAVING			
63. NAME		64. ADDRESS		65. DATE HIRED	
				66. DATE QUIT	
67. SALARY		68. REASON FOR LEAVING			



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<b>Employment Desired:</b>			
69. HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE?	70. IF YES TO 69, WHEN?	71. ARE YOU EMPLOYED NOW?	72. IF YES TO 71, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?
73. POSITION DESIRED		74. WOULD YOU ACCEPT ANOTHER POSITION AT THIS COMPANY?	
75. WHEN WOULD YOU BE AVAILABLE TO WORK?		76. SALARY DESIRED	
<p>THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE THE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL, IF HIRED. FURTHER I UNDERSTAND AND AGREE THAT I HAVE NO GUARANTEE, EXPRESSED OR IMPLIED OF A POSITION AT THIS COMPANY BECAUSE OF FILLING OUT THIS APPLICATION AND THAT MY EMPLOYMENT, IF HIRED, IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS, OF THE DATE OF PAYMENT, BE TERMINATED AT ANY TIME. OF MY WAGES, BE TERMINATED AT ANY TIME WITHOUT ANY PREVIOUS NOTICE.</p>			
SIGNATURE _____			
<b>APPLICANT, DO NOT WRITE BELOW THIS LINE.</b>			
A. INTERVIEWER			B. DATE OF INTERVIEW
C. NEATNESS		D. ABILITY	
E. REMARKS			
F. COMMENTS OF FORMER EMPLOYERS			
G. <input type="checkbox"/> HIRED		H. FOR DEPARTMENT	I. TITLE/POSITION
J. REPORT DATE			K. COMPENSATION
APPROVAL			
SIGNATURE OF PERSONNEL DIRECTOR _____		DATE _____	
L. <input type="checkbox"/> REJECTED		M. REASONS FOR REJECTION	



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## AUTHORIZATION TO OBTAIN CONSUMER REPORT

PURSUANT TO 15 U.S.C. §1681b(b)(2)(B)

I authorize Fullmer's Landscaping, Inc. to obtain a consumer report for employment purposes. I understand that inquiry may include, but is not limited to: conviction records, motor vehicle records, credit checks, references, and copies of prior personnel files.

DATE	SOCIAL SECURITY NUMBER
DATE OF BIRTH	DRIVERS LICENSE NUMBER
PRINTED NAME	SIGNATURE

Note: The FCRA requires that a consumer must authorize in advance the procurement of a consumer report for employment purposes.

This authorization is given pursuant to the Fair Credit Reporting Act, 15 U.S.C. §1681b(b)(2)(B).

## DRUG-FREE WORKPLACE; CONSENT AND RELEASE FORM

I, \_\_\_\_\_, as an applicant of Fullmer's Landscaping, Inc., hereby acknowledge that their Drug-Free Policy requires me to submit to urine drug testing and/or breath alcohol testing. I further understand that the purpose of this analysis is to determine or rule out the presence of non-prescribed or prohibited dangerous controlled substances in my system. I hereby freely and voluntarily consent to this request for a urine sample and/or breath alcohol test, and agree to participate in the testing program. \_\_\_\_\_ INITIAL

I hereby and herewith release Fullmer's Landscaping, Inc., its employees, agent and contractors from any and all liability whatsoever arising from this request for testing, from the actual testing procedures, and from decisions made concerning my application for employment based on the results of the analysis. \_\_\_\_\_ INITIAL

I agree to cooperate in all aspects of the testing program. \_\_\_\_\_ INITIAL

I hereby authorize the release of my drug and/or alcohol test results to the contractor's Medical Review Officer, and/or to Fullmer's Landscaping, Inc.'s examining physician, as provided by their policy. \_\_\_\_\_ INITIAL

I further acknowledge that Fullmer's Landscaping, Inc. has provided me with an opportunity to ask questions related to its drug and alcohol testing program and that all my questions have been answered. \_\_\_\_\_ INITIAL

DATE	APPLICANT SIGNATURE	APPLICANT PRINTED NAME
DATE	WITNESS SIGNATURE	WITNESS PRINTED NAME



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Please answer the following questions.

1. Describe the best manager you ever had, and tell why. (This question does not have to relate to another job, it can be anyone who managed you)
2. Who is the person you most admire and why?
3. If you could choose any career, and there was nothing holding you back, what would you do?
4. If you were hiring why would you hire yourself for the position that you are applying for?
5. Give me an example of how you have been creative
6. What person from history do you most admire for taking the blame for a failure?

