



# LAWNMASTERS OF SHREVEPORT, LLC

Employment Application

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Social Security No.	Desired Salary	
Position Applied for			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College	Major	Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company/position	Phone ( )
Address/email	
Full Name	Relationship
Company/position	Phone ( )
Address/email	
Full Name	Relationship
Company/position	Phone ( )
Address/email	

**PREVIOUS EMPLOYMENT**

Company		Phone ( )	
Address		Supervisor title	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ( )	
Address		Supervisor/title	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ( )	
Address		Supervisor/title	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

**MILITARY SERVICE**

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

**FOREIGN LANGUAGE**

Please Indicate any foreign languages you speak, read and/or write:

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## MEDICAL HISTORY

Have you had any of the following? Please circle yes or no.

Abdominal Pain	Yes	No
Acquired Immune Deficiency Syndrome (AIDS)	Yes	No
	Yes	No
Alcoholism		
Allergies (If yes, please list.)	Yes	No
Arthritis	Yes	No
Asthma	Yes	No
Back Injury	Yes	No
Bone, Joint and other Deformities	Yes	No
Chest and Lung Disease	Yes	No
Chronic Back Trouble	Yes	No
Depression	Yes	No
Diabetes	Yes	No
Dizziness or unconsciousness	Yes	No
Drug or Narcotic Addiction	Yes	No
Epilepsy or convulsions	Yes	No
Family History of Diabetes	Yes	No
Hearing Impairment	Yes	No
High or Low Blood Pressure	Yes	No
Kidney Disease or Hepatitis	Yes	No
Kidney Stone or Blood in Urine	Yes	No
Loss of Memory	Yes	No
Marked Increase or Decrease in Weight	Yes	No
Palpitation or Heart Disease	Yes	No
Pleurisy	Yes	No
Pneumonia	Yes	No
Rheumatic Fever	Yes	No
Severe eye, ear, nose or throat trouble	Yes	No
Stomach, liver or intestinal trouble	Yes	No
Tumor, growth, cyst or cancer	Yes	No
Tuberculosis	Yes	No

Have you had an illness other than those listed? \_\_\_\_\_  
If yes, please describe: \_\_\_\_\_

Have you been under a doctor's care within the past five years? \_\_\_\_\_  
If yes, please describe: \_\_\_\_\_

Have you ever been rejected for Life Insurance, Military Service or Employment? \_\_\_\_\_  
If yes, please describe: \_\_\_\_\_

Have you had an illness other than those listed? \_\_\_\_\_  
If yes, please describe: \_\_\_\_\_

Are you receiving, or have you received Workman's Compensation as a result of injury or illness? \_\_\_\_\_  
If yes, please describe: \_\_\_\_\_

## DISCLAIMER AND SIGNATURE

This form has been designed to comply with state and federal fair employment practice laws prohibiting discrimination on the basis of an applicant's sex or minority status. Questions directly or indirectly reflecting such status have been included only where needed to determine a bonafide occupational qualification or for other permissible purposes. Such questions are appropriately noted on the application.

**Note: Lawnmasters reserves the option to terminate employment with or without cause and with or without notice at any time.**

I declare each of the above answers given to be complete and true to the best of my knowledge. I am aware that any misrepresentation or omission may be cause for dismissal. Also, I wave any provision of law forbidding any physician who has attended me or hospital where I hereby authorize them to make such disclosures as the company may request.

I authorize investigation of all statements contained in this application. I understand and agree that my employment is for no definite period and may, regardless of the date of payment of wages and salary, be terminated at any time without previous notice.

Signature

Date

