



## Application for Employment or Internship

It is the policy of Del Conte's Landscaping, Inc. to consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other protected characteristic.

### Personal Information:

### Date of Application:

Last Name	First Name	Middle Name	How Did You Learn About Us? <input type="checkbox"/> Internet <input type="checkbox"/> Walk-in <input type="checkbox"/> Ad <input type="checkbox"/> Employee <input type="checkbox"/> Friend <input type="checkbox"/> Other _____	
Present Address		City	State	Zip
Previous Address (if less than 12 months)		City	State	Zip
Home Phone No	Cell Phone No		Have you ever applied to Del Conte's Landscaping, Inc. before? <input type="checkbox"/> Yes <input type="checkbox"/> No When?	

Current Open Position for which you are applying:		Date Available:	Are you available to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary	
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> NO	If so, may we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		If you are under 18 years of age, can you provide required proof of eligibility to work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you Legally Authorized to work in the United States? (Proof of citizenship or immigration status will be required upon employment) <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you ever been convicted of a crime other than a minor traffic offense? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will you submit to a background check as part of the employment process? <input type="checkbox"/> Yes <input type="checkbox"/> No	

### Educational History

Name & Location of School	Check last year attended in School	Did you Graduate?	Degree or Certificate
High School	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (Specify)			

### General Information

Describe any specialized training, apprenticeship skills, certifications, and extra-curricular activities
Describe any job-related training received in the United States Military.


### Professional References

List below three people not related to you, whom you have known at least one year.

Name	Address (City/State)	Phone Work / Home	Position	Years Known

**Employment Experience** (List below last four employers, starting with the most recent)

From Mo. Yr.	To Mo. Yr.	Company	Phone Number ( )	Immediate Supervisor
Wage \$		Address		
Job Title			Reason for leaving	
Nature of Duties				
From Mo. Yr.	To Mo. Yr.	Company	Phone Number ( )	Immediate Supervisor
Wage \$		Address		
Job Title			Reason for leaving	
Nature of Duties				
From Mo. Yr.	To Mo. Yr.	Company	Phone Number ( )	Immediate Supervisor
Wage \$		Address		
Job Title			Reason for leaving	
Nature of Duties				
From Mo. Yr.	To Mo. Yr.	Company	Phone Number ( )	Immediate Supervisor
Wage \$		Address		
Job Title			Reason for leaving	
Nature of Duties				
From Mo. Yr.	To Mo. Yr.	Company	Phone Number ( )	Immediate Supervisor
Wage \$		Address		
Job Title			Reason for leaving	
Nature of Duties				
AUTHORIZATION & UNDERSTANDING		I understand that an investigative report will be made by a consumer reporting agency to include such information as to my character, general reputation, and personal characteristics, whichever may be applicable upon the completion of a signed Authorization/Release form provided to me by the Company.		I understand and agree that if I am offered employment; my employment can be terminated, with or without cause, and with or without notice, at any time, at the option of the Company or myself.
Please review and sign where indicated.		My employment will be contingent upon the successful completion of the background screening. I will have the right to make written request for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation.		
I certify that the facts contained in this application are true and complete for all practical purposes. It may be verified by the Company. Should a position be offered and later it is found that the information is significantly untrue, incomplete, or misrepresented, I understand and agree that the Company is relieved of all commitments, financial or otherwise pertinent to employment, and that I am subject to immediate discharge without recourse.		This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the American with Disabilities Act (ADA) and other relevant federal and state laws.		Release: I hereby authorize any prior employers to provide such information about my employment record or any information they having concerning my employment record and authorize such employees to supply you, upon request at any time, with any information they have regarding my character, ability, job performance and reasons for leaving employment. I will hold such employers and the company harmless for such disclosures.

<b>I have read and understand these conditions of employment.</b> 	Applicant Signature	Date Prepared
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Office Use Only	<input type="checkbox"/> Referred to Department _____	<input type="checkbox"/> Not Qualified for Opening
	<input type="checkbox"/> Recommend Employment	<input type="checkbox"/> Hold for Future Opening
	<input type="checkbox"/> References Checked	<input type="checkbox"/> Employment History Verified
	Date _____	Interviewed by _____