



## APPLICATION FOR EMPLOYMENT

### PERSONAL DATA

NAME: _____	SOCIAL SECURITY # _____	
ADDRESS: _____	TELEPHONE: ( ) _____	
CITY, STATE, ZIP CODE: _____		
WHAT POSITION ARE YOU APPLYING FOR? _____		
DO YOU PREFER? (Circle one)	FULL-TIME	PART-TIME

ARE YOU LEGALLY ABLE TO WORK IN THE U.S.?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
ARE YOU ABLE TO PERFORM ANY OR ALL JOB FUNCTIONS WITHOUT REASONABLE ACCOMODATION?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
ARE YOU OVER THE AGE OF 18?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
HAVE YOU EVER BEEN CONVICTED OF A FELONY? IF YES, PLEASE DESCRIBE: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
_____		
HAVE YOU EVER BEEN INJURED ON THE JOB? IF YES, EXPLAIN: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
_____		
HAVE YOU EVER RECEIVED WORKMAN'S COMPENSATION FOR A JOB RELATED INJURY? IF YES, EXPLAIN: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
_____		

**DO YOU CURRENTLY HAVE A VALID MINNESOTA DRIVER'S LICENSE?**

YES       NO

**EXPIRATION DATE OF LICENSE \_\_\_\_\_**

**IS YOUR DRIVER'S LICENSE IN GOOD STANDING?**

YES       NO

**WOULD YOU BE WILLING TO PROVIDE A DEPARTMENT  
OF MOTOR VEHICLE DRIVER REPORT?**

YES       NO

**DO YOU HAVE A MEDICAL EXAMINER'S CERTIFICATE  
TO MEET "DOT" QUALIFICATIONS FOR DRIVING**

YES       NO

**IF NOT, WOULD YOU BE WILLING TO ACQUIRE ONE?**

YES       NO

**\*\*ALL PROSPECTIVE CANDIDATES MUST PASS A PRE-EMPLOYMENT DRUG TEST\*\***

**APPLICANT SIGNATURE \_\_\_\_\_**

**DATE \_\_\_\_\_**

# EMPLOYMENT HISTORY

**COMPANY NAME:** \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_

POSITION HELD: \_\_\_\_\_

DUTIES: \_\_\_\_\_

LENGTH OF EMPLOYMENT \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_

BEGINNING OF SALARY: \_\_\_\_\_

ENDING SALARY: \_\_\_\_\_

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COMPANY ADDRESS: \_\_\_\_\_

POSITION HELD: \_\_\_\_\_

DUTIES: \_\_\_\_\_

LENGTH OF EMPLOYMENT \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_

BEGINNING OF SALARY: \_\_\_\_\_

ENDING SALARY: \_\_\_\_\_

**PLEASE LIST THREE REFERENCES:**

**NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**APPLICANT SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**NORTHERN LIGHTS LANDSCAPING PHONE NUMBER: 218-728-6053**

**ADDRESS: P O BOX 15153 – DULUTH, MN. 55815 – EMAIL: NLL@CPINTERNET.COM**