



# **CRU CUTTERS** **LAWN CARE SERVICES**

## **EMPLOYMENT APPLICATION**

Please Print All Information Requested Clearly and Legibly

**Applicants may be tested for Illegal Drugs**

**GENERAL INFORMATION**

Name:			
First	MI	Last	
Present Address:			
Street	City	State	Zip
Phone:			
Home	Cell	Other	
Social Security Number:			
Date of Birth:			
If under 18, Please Indicate: <input type="checkbox"/> Yes <input type="checkbox"/> No			
			Age

**EDUCATION**

High School	Name and Address	9 10 11 12/GED Years Completed	Diploma/Degree
University	Name and Address	1 2 3 4 Years Completed	Degree
Business/Trade or Professional School	Name and Address	1 2 3 4 Years Completed	Degree

**CRIMINAL BACKGROUND**

Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, explain number of conviction(s), nature of offense(s) leading to convictions, how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation:

## TRANSPORTATION

Do you have a valid driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Operator <input type="checkbox"/> CDL <input type="checkbox"/> Chauffeur	License Number	State of Issue	Expiration Date
Have you had any accidents during the past three years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how many?	Have you had any moving violations in the past three years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how many?

## MILITARY

Have you ever been in the Armed Forces?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you a Member of the National Guard?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specialty	Date Entered	Date Discharged	

## WORK EXPERIENCE

From	To	Employer	Phone Number
Job Title		Address	
Immediate Supervisor		Nature of Work and responsibilities	
Hourly Rate/Salary		Reason For Leaving	

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Job Title		Address	
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From	To	Employer	Phone Number
Job Title	Address		
Immediate Supervisor	Nature of Work and responsibilities		
Hourly Rate/Salary	Reason For Leaving		

May we contact your present employer?  Yes  No

If no, Why

### REFERENCES

Name	Address	Contact Number	Relationship to Applicant
Name	Address	Contact Number	Relationship To Applicant
Name	Address	Contact Number	Relationship To Applicant

I certify that information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

Signature

Date

### EMPLOYER USE ONLY

Position Hired For:

Maintenance III     
 Maintenance II     
 Assistant Crew Leader-Maintenance     
 Crew Leader-Maintenance  
 Construction III     
 Construction II     
 Assistant Crew Leader-Construction     
 Crew Leader-Construction

Hire Date	Estimated Start Date
Pay Rate	Hired By
Supervisor Signature	Employee Signature

# DISCLOSURE UNDER FAIR CREDIT REPORT ACT AND CONSENT TO PROCUREMENT OF CONSUMER REPORT FOR EMPLOYMENT SERVICES

The undersigned hereby authorizes **CruCutter, LLC**, and/or insurance agency **Hammerlein Garner Insurance Agency, LLC**, or it assigns, to obtain copies of consumer reports, including a motor vehicle report, pertaining to me for employment purposes, and for use in rating and/or underwriting insurance for which the above named employer may apply, and my renewal thereof. I understand that in obtaining such consumer reports, a consumer reporting agency may be used, and I do hereby authorize such use. This authorization shall remain in effect until such time as I rescind the authorization by notifying both **CruCutters, LLC** and **Hammerlein Garner Insurance Agency, LLC** in writing.

**\*Please Print Clearly and Legibly\***

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Fax completed and signed form to:

Hammerlein Garner Insurance Agency, LLC @ 859-578-7793

**NOTE: Failure to fill out the form completely will cause delay.**