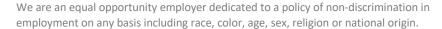
APPLICATION FOR EMPLOYMENT

Suburban Landscape LLC

Mail: P.O. Box 376, North Liberty, IA 52317

Site: 2924 270th Street NW, North Liberty, IA 52317





PERSONAL INFORMATION Social Security Number: ____-_ Date: Name: _ Middle Present Address: _ City State Zip Phone Numbers: _ Alternate Are you 18 years of age or older? Yes No Referred By: _____ **EMPLOYMENT DESIRED** (Check Any) [] Landscape Crew l Landscape Foreman] Grounds Care Forman [] Grounds Care Crew **EDUCATION High School** Name and Address: Last Year Completed: ___1 ___2 ___3 ___4 Did you Graduate: ____Yes ____No College Name and Address: Last Year Completed: ___1 __2 __3 ___4 Did you Graduate: ___Yes ___No Majors/Degrees: _____ **Trade, Business or Correspondence School** Name and Address: _____ Last Year Completed: ___1 ___2 ___3 ___4 Did you Graduate: Yes No Majors/Degrees: _____

GENERAL

Subjects of special study or research:
Job related skills (typing, drivers license, etc):
Special Interests:
FORMER EMPLOYERS
List below your last four employers, starting with the most recent
Date Month Year
Name and address:
Salary (upon leaving): Position:
Reason for leaving:
Date Month Year
Name and address:
Salary (upon leaving): Position:
Reason for leaving:
Data Manth Voor
Date Month Year
Name and address:
Salary (upon leaving): Position:
Reason for leaving:
Date Month Year
Name and address:
Salary (upon leaving): Position:
Reason for leaving:

REFERENCES List below three persons not related to you, whom you have known for at least one year. Position: ______ Year Acquainted: ______ Position: ______Year Acquainted: ______ Position: ______ Year Acquainted: _____ **AUTHORIZATION** I authorize investigation on all statements contained in this application. I understand that misrepresentation of information requested is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without cause and without any previous notice. Date: ______Signature: _____ DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY Interviewed By: ______ Date: _____ INS Form I-9 Completed: ____Yes ___No Hired: ______ For Dept: ______ Position: _____

Will Report To: ______ Salary Wages: \$_____

Approved By: