



770-949-1455
PO Box 1990
Douglasville, GA 30133
service@wynnslawncare.com

DATE: _____

APPLICATION for EMPLOYMENT

EQUAL OPPORTUNITY EMPLOYER

We are an Equal Opportunity Employer and fully subscribe to the principles of Equal Employment Opportunity.
Applicants and/or employees are considered for hire, promotion and job status
without regard to race, color, religion, creed, sex, marital status, national origin, age physical or mental disability.

NAME (LAST NAME FIRST)			PHONE (WITH AREA CODE)	
			HOME ()	
			CELL ()	
LAST	FIRST	MIDDLE		
PRESENT ADDRESS		CITY	STATE	ZIP CODE

REFERRED BY	VALID DRIVER'S LICENSE?	TRAFFIC VIOLATIONS IN THE PAST?
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

POSITION DESIRED	EMAIL ADDRESS:
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IF REQUIRED, WILL YOU WORK... OVERTIME <input type="checkbox"/> YES <input type="checkbox"/> NO SATURDAYS <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE YOU CAN START? _____ / _____ / _____	SALARY DESIRED \$ _____ PER HOUR OR \$ _____ PER MONTH
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WHY DO YOU BELIEVE YOU ARE QUALIFIED FOR THIS POSITION? _____

ARE YOU PRESENTLY EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, MAY WE INQUIRE OF YOUR EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU EVER APPLIED TO OUR COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHEN? _____
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	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE OR BUSINESS SCHOOL				

WORK OR SPECIAL TRAINING/SKILLS _____

U.S. MILITARY/NAVAL SERVICE _____ **RANK** _____

GIVE THE NAMES / ADDRESSES OF THREE PERSONS WHO ARE NOT RELATED TO YOU AND WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR:

NAME	ADDRESS	PHONE	YEARS KNOWN

