

Elkhorn Lawn Care L.L.C.

2345 S. 156th Circle
Omaha, NE 68130
Phone (402) 660-3453



Employment Application

Elkhorn Lawn Care L.L.C. is an Equal Opportunity Employer

POSITION APPLIED FOR

Thank you for your interest in Elkhorn Lawn Care L.L.C. as an employer. Only final candidates for posted openings will be contacted personally by the owners of the company.

GENERAL INFORMATION

Name (last, first, middle initial) Social Security No.
(Optional)

Street Address City, State, Zip

Home Phone No. Work Phone No. Cell Phone No.

Are you authorized to work in the United States? Proof of Authorization will be required post hire.

Yes No

TRAINING AND EDUCATION

High School/Colleges/other training Major/subject Degree/certificates

ADDITIONAL SKILLS Describe skills relevant to the job for which you are applying

SKILL	TYPE OF EXPERIENCE	LEVEL OF EXPERTISE
Mowing using Commercial Lawn Mowers, Trimmers, & blowers		
Landscaping		
Snow Removal		
Mechanical		

Can you perform the essential functions of the job with or without reasonable accommodation?

Yes No

BACKGROUND INFORMATION**EACH CASE IS CONSIDERED SEPARATELY BASED ON JOB DUTIES AND PERFORMANCE AREAS**

Do you have a valid Nebraska State Driver's License? Yes No Other State

(If position applied for involves driving), have you been convicted, pleaded to no contention or paid a fine for any traffic violations in the past three (3) years? Yes No If yes please explain:

Have you been convicted of a felony or served time in prison within the last ten (10) years? Yes

No

Conviction will not necessarily bar you from employment. If yes, please explain:

**How/where did you hear about the position for which you are applying?
(Check one)**

_____ Friend or relative

_____ Current employee

_____ Employment Office

_____ Newspaper ad

_____ Internet

_____ Posted Flyer

Which? _____

_____ Other please specify _____

EMPLOYMENT HISTORY

Beginning with your present or most recent employment, list your employment history. Include self-employment, military service, volunteer experience and periods of unemployment. The following sections **MUST** be completed even if a resume is submitted.

Employer		Employed from:	To:
Address:		Supervisor	
Phone	Hours worked/week	Starting salary	
Position		Last salary	
Primary duties			
Number of employees supervised by you	May we contact this employer		Supervisor's phone
Reason for leaving			

Employer		Employed from:	To:
Address:		Supervisor	
Phone	Hours worked/week	Starting salary	
Position		Last salary	
Primary duties			
Number of employees supervised by you	May we contact this employer		Supervisor's phone
Reason for leaving			

Employer		Employed from:	To:
Address:		Supervisor	
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Primary duties			
Number of employees supervised by you	May we contact this employer		Supervisor's phone

Reason for leaving		
Employer	Employed from:	To:
Address:		Supervisor
Phone	Hours worked/week	Starting salary
Position		Last salary
Primary duties		
Number of employees supervised by you	May we contact this employer	Supervisor's phone

PROFESSIONAL REFERENCES	Please list below any people in addition to supervisors listed above who can responsibly evaluate your work performance
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Name	Place of employment/title	Phone

It is understood and agreed that the foregoing is true to the best of my knowledge, and that my falsification of this application will be grounds for elimination from further consideration or, if employed by Elkhorn Lawn Care L.L.C., for dismissal. I authorize Elkhorn Lawn Care L.L.C to solicit information regarding my character, general reputation, credit, previous employment, and similar background information, and to contact any and all references I have given on my application. I release all parties and persons connected with any such request for information from all claims, liabilities, and damages that may arise out of the furnishing of such information. If employed, I release Elkhorn Lawn Care L.L.C. from any liability for future references it may provide regarding my work history at the company.

I understand that employment with the Employer is “at-will”, which means that either the Company or I can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager or executive of the Employer, other than the two owners of the company has any authority to alter the foregoing.

Applicant's signature _____ Date _____