

# CAPITOL LAWN SPRINKLER, INC.

Employment Application—Equal Opportunity Employer

636 S. NINE MOUND RD  
VERONA, WI 53593

APPLICANT INFORMATION			
Last Name		First	M.I.      Date
Street Address			Apartment/Unit #
City		State	ZIP
Phone		E-mail Address	
Date Available	Social Security No.		Desired Salary
Position Applied for			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?    YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you over 18 years of age?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Are you willing to work overtime and Saturdays?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Are you available for overnight travel?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Can you operate a standard transmission vehicle?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
What tools and equipment do you have experience with?			
What special skills do you possess that will benefit you in this position?			
Do you have a valid <b>Driver's</b> License?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, Drivers License No.
List all driving offenses received in the last 5 years.			
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain

EDUCATION			
High School		Address	
From	To	Did you graduate?    YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate?    YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate?    YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three references.</i>	
Full Name	Relationship
Address	Phone (      )
Full Name	Relationship
Address	Phone (      )
Full Name	Relationship
Address	Phone (      )

<b>PREVIOUS EMPLOYMENT</b>			
Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

<b>MILITARY SERVICE</b>	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

<b>DISCLAIMER AND SIGNATURE</b>	
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
Signature	Date

DO NOT WRITE BELOW THIS LINE

REMARKS			
Hired	Starting Date	Starting Wage	Position