



APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE
 EQUAL OPPORTUNITY EMPLOYER
 www.coloniallawn.com

DATE _____

1118 W WASHINGTON AVE, YAKIMA, WA 98903

APPLICANT INFORMATION

Last Name:		First:		M.I.:
Street Address:			Apartment / Unit #:	
City:		State:		ZIP:
Phone: ()		Alternate Phone #:		E-mail:
Date Available:		Social Security No.:		Desired Salary:
Position Desired:			Referred by:	
Are you currently employed?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, may we inquire of your present employer?
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
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"/>	YES <input type="checkbox"/>
				NO <input type="checkbox"/>

EDUCATION

High School:		Address:		
Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	

College:		Address:		
Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
		Degree:		

Other:		Address:		
Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
		Degree:		

Military Branch:		Rank at Discharge:		Type of Discharge:
------------------	--	--------------------	--	--------------------

If other than Honorable, explain:

REFERENCES (Please list three professional references)

Full Name:		Relationship:		Years Known:
Company:		Phone: ()		
Address:				

Full Name:		Relationship:		Years Known:
Company:		Phone: ()		
Address:				

Full Name:		Relationship:		Years Known:
Company:		Phone: ()		
Address:				

PREVIOUS EMPLOYMENT (Starting with most recent)

Company:		Phone: ()	
Address:		Job Title:	
City/State:	Zip:	Starting Date:	Ending Date:
Reason for Leaving:			
Responsibilities:			
Supervisor:		Supervisor's Job Title:	

May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Alternate phone # for supervisor: ()
--	------------------------------	-----------------------------	--

Company:		Phone: ()	
Address:		Job Title:	
City/State:	Zip:	Starting Date:	Ending Date:
Reason for Leaving:			
Responsibilities:			
Supervisor:		Supervisor's Job Title:	

May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Alternate phone # for supervisor: ()
--	------------------------------	-----------------------------	--

Company:		Phone: ()	
Address:		Job Title:	
City/State:	Zip:	Starting Date:	Ending Date:
Reason for Leaving:			
Responsibilities:			
Supervisor:		Supervisor's Job Title:	

May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Alternate phone # for supervisor: ()
--	------------------------------	-----------------------------	--

GENERAL INFORMATION *Subjects of special study/research, work achievements or special training/skills*

AUTHORIZATION AND SIGNATURE

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed; falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified term, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

Consumer reports may be obtained as part of Colonial Lawn & Garden's evaluation of my job application/employment. The reports may be obtained by Colonial Lawn & Garden or an insurance representative of Colonial Lawn & Garden and may include my driving record, an assessment of my insurability under Colonial's insurance coverage or other consumer reports. By signing, I hereby authorize Colonial Lawn & Garden to obtain such reports and additional reports about me from time to time as it deems appropriate, to evaluate my insurability or for other permissible purposes.

I understand that Washington state is an "at-will" employment state and therefore my employment with Colonial Lawn & Garden is considered "at-will". "At-will" means that an employee is free to resign at any time, with or without cause or advance notice. Likewise, "at-will" means that an employer may terminate its employee at any time, with or without cause or advance notice.

Signature:	Date:
------------	-------