



## APPLICATION FOR EMPLOYMENT

**PERSONAL DATA**      Emergency Contact & Phone # \_\_\_\_\_

**NAME:** \_\_\_\_\_ **SOCIAL SECURITY #** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **TELEPHONE: ( )** \_\_\_\_\_

**CITY, STATE, ZIP CODE:** \_\_\_\_\_

**WHAT POSITION ARE YOU APPLYING FOR?** \_\_\_\_\_

**DO YOU PREFER? (Circle one)**      **FULL-TIME**      **PART-TIME**

**ARE YOU LEGALLY ABLE TO WORK IN THE U.S.?**       **YES**       **NO**

**ARE YOU ABLE TO PERFORM ANY OR ALL JOB FUNCTIONS WITHOUT REASONABLE ACCOMMODATION?**       **YES**       **NO**

**ARE YOU OVER THE AGE OF 18?**       **YES**       **NO**

**HAVE YOU EVER BEEN INJURED ON THE JOB?**       **YES**       **NO**  
**IF YES, EXPLAIN:** \_\_\_\_\_

**HAVE YOU EVER RECEIVED WORKMAN'S COMPENSATION FOR A JOB RELATED INJURY?**       **YES**       **NO**  
**IF YES, EXPLAIN:** \_\_\_\_\_

**DO YOU CURRENTLY HAVE A VALID MINNESOTA DRIVER'S LICENSE?**

YES       NO

**EXPIRATION DATE OF LICENSE** \_\_\_\_\_

**IS YOUR DRIVER'S LICENSE IN GOOD STANDING?**

YES       NO

**WOULD YOU BE WILLING TO PROVIDE A DEPARTMENT  
OF MOTOR VEHICLE DRIVER REPORT?**

YES       NO

**DO YOU HAVE A MEDICAL EXAMINER'S CERTIFICATE  
TO MEET "DOT" QUALIFICATIONS FOR DRIVING**

YES       NO

**IF NOT, WOULD YOU BE WILLING TO ACQUIRE ONE?**

YES       NO

**\*\*ALL PROSPECTIVE CANDIDATES MUST PASS A PRE-EMPLOYMENT DRUG TEST\*\***

**APPLICANT SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

# EMPLOYMENT HISTORY

**COMPANY NAME:** \_\_\_\_\_  
COMPANY ADDRESS: \_\_\_\_\_  
POSITION HELD: \_\_\_\_\_  
DUTIES: \_\_\_\_\_  
\_\_\_\_\_

LENGTH OF EMPLOYMENT FROM: TO:

BEGINNING OF SALARY: \_\_\_\_\_

ENDING SALARY: \_\_\_\_\_

**COMPANY NAME:** \_\_\_\_\_  
COMPANY ADDRESS: \_\_\_\_\_  
POSITION HELD: \_\_\_\_\_  
DUTIES: \_\_\_\_\_  
\_\_\_\_\_

LENGTH OF EMPLOYMENT FROM: TO:

BEGINNING OF SALARY: \_\_\_\_\_

ENDING SALARY: \_\_\_\_\_

**PLEASE LIST THREE REFERENCES:**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

**APPLICANT SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**NORTHERN LIGHTS LANDSCAPING PHONE NUMBER: 218-728-6053**  
**ADDRESS: P O BOX 15153 – DULUTH, MN. 55815**  
**EMAIL: [office@northernlightslandscaping.org](mailto:office@northernlightslandscaping.org)**