



APPLICATION FOR EMPLOYMENT

PERSONAL DATA

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: NLL@CPINTERNET.COM