Crystal Lawn, Inc. dba Green Care (507) 344-8314 APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without discrimination because of race, color, creed, religion, sex, national origin, age, marital or veteran status, and the presence of a non-job-related medical condition or handicap.

PERSONAL INFORMATION

Last Name	First Name	Middle Name		
Present Address	Street	City	State	Zip Code
Permanent Address	Street	City	State	Zip Code
Telephone Number(s):		Email Address:	Social Security Number	Date
Best Time To Reach You:				

EMPLOYMENT DESIRED

Position(s) Applied For	Date You Can Start	Salary Desired
Are You Available To Work:	Part Time Will Yo	ou Work Overtime If Asked?
Are You 18 Years or Older? 🗌 Yes 🗌 No	Are You Legally Eligible For	Employment In The United States?
Have You Applied To or Been Employed By TI	his Company Before? Yes	No If Yes: When
How Did You Learn About Us?		
Advertisement- Where?	Friend	□ Walk-In
Employment Agency	Relative	□ Other

EDUCATION

School	Name and Location of School	Course of Study	# of Years Completed	Did You Graduate?	Degree or Diploma
Graduate					
College					
Business/Trade/ Technical					
High School					
Elementary					

EMPLOYMENT HISTORY (START WITH YOUR PRESENT OR MOST RECENT EMPLOYER)

Employer	Dates Employed - (State month and year) From To
Address Job Title and Description	Hourly Rate/Salary Start Last
	Reason for Leaving
Employer	Dates Employed - (State month and year) From To
Address Job Title and Description	Hourly Rate/Salary Start Last
	Reason for Leaving
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	Reason for Leaving
Employer	Dates Employed - (State month and year) From To
Address	Hourly Rate/Salary
Job Title and Description	Start Last
	Reason for Leaving

REFERENCES (GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU AND ARE NOT PREVIOUS EMPLOYERS AND WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR)

Name	Address	Business	Years Acquainted
1			
2			
3			

MILITARY

Have You Served In The United States Armed Forces?	If "Yes", In What Branch?
Describe Any Training Received Relevant To The Position For	Which You Are Applying.

DRIVING RECORD

Do You Have A Valid Drivers License?	State?	License Number	
What Class Of License Do You Have?	Comm. A 📋 Comm. B	Comm. C Class D	
Have you Had Any Driving Violations In The Last 3	5 Years?	If "Yes", What	
(**A Motor Vehicle Registration is Required	as Part of the Interview Proc	cess and Will Need to be Available at the Interview**)	

STUDENT SCHEDULING

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Be Around Dur	ing The Summer?	TYes T	No If "Yes",	Please Fill Out The	Schedule Below	w With the Hours
				BLE To Work If Yo	1	1
SUNDAY	MONDAY	TUESDAY	<u>AVAILA</u> WEDNESDAY	BLE To Work If Yo	u Will Still Were	Attending Classe

IN CASE OF AN EMERGENCY

Please Notify:		
	Name	
	Address	
	Phone	

I CERTIFY THAT ANSWERS GIVEN HEREIN ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION FOR EMPLOYMENT AS MAY BE NECESSARY IN ARRIVING AT AN EMPLOYMENT DECISION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. I UNDERSTAND THAT I AM REQUIRED TO ABIDE BY ALL RULES AND REGULATIONS OF THE EMPLOYER. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PREVIOUS NOTICE.

SIGNATURE

DATE

*GreenCare participates in E-Verify. We will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization. IMPORTANT: If the Government cannot confirm that you are authorized to work, GreenCare is required to provide you written instructions and an opportunity to contact SSA and/or DHS before taking adverse action against you, including terminating your employment should you be hired. GreenCare does not use E-Verify to pre-screen job applicants or reverify current employees and may not limit or influence the choice of documents presented for use on the Form I-9. If you believe GreenCare has violated its responsibilities under this program or has discriminated again you during the verification process based upon your national origin or citizenship state, please call the Office of Special Counsel at 1-800-255-7688 (TDD: 1-800-237-2515).

INTERVIEW RESULTS/NOTES



Name):	Date:	/ / Score:
	efore starting an engine (truck, mower,), what should be checked first?	6. W	/hat is "mixed" gas?
		Α	Gas that has Oil in it
A	Time of Day Model of Engine	В	Two Kinds of Gas Mixed Together
B C	Model of Engine Oil Level	С	Gas that can be Used in Different
D	When it was Last Used	D	Engines Diesel
	vo workers are on a job from 12:00-	7. O	n an engine, "full throttle" or "full speed"
3:00, work	how many total man-hours are	is rep	presented by a:
WOIN		Α	Turtle
Α	2	В	Donkey
В	3	С	Horse
C	6	D	Rabbit
D	9		
3. Irı	igation is:	seed	you have a 10,000 square foot yard to The instructions on the bag say to
			4 pounds of grass seed per thousand
A B	the process of planting trees. the replacement of rainfall with water	-	re feet. How many pounds of grass seed dyou use?
	from another source.	•	
С	a rash caused from sun exposure.	A	40
D	the drying of soil from the lack of	B C	5,000 400
wate	r.	D	60
Δ Δ	roll of pipe is 300ft long. The job		
	res 500ft of pipe. How many rolls do		ou need to drive a work truck to the job
•	need?	site. Ieave	What needs to be done before you ?
A	1	٨	Walk Around & Inspect the Vehicle
B C	2 3	A B	Walk Around & Inspect the Vehicle Check the Oil
D	3 5	C	Fasten Seatbelt
-	-	D	All of the Above

5. You start a task at 10:00am, take a break from 12:00-12:30, & finish the task at 3:00pm. How long did this task take?

A 5 Hours

- B 3 ¹/₂ Hours
- C 4 ¹/₂ Hours
- D 3 Hours

10. Work starts at 7:00am. What time should you punch in?

Α	6:55am
В	6:55am
С	6:55am

D 6:55am