



5747 Sadler Circle  
 Dallas, Texas 75235-0448  
 p 214 357 6522  
 f 214 352 8243

Equal Opportunity Employer

**EMPLOYMENT APPLICATION**

**PERSONAL**

Last Name		First Name		Middle Initial		Nick Name			
Street Address									
City		County		State		ZIP			
Main Phone (with Area Code)				Cell Phone (with Area Code) or Pager					
Personal Email Address:				Are you over 16 years of age? YES NO <i>If NO, then proof of age will be required.</i>					
Do you have a current Texas drivers' license? <i>(ONLY answer if applying for a position that requires a drivers' license.)</i>						YES NO			
Are you legally allowed to work in the United States?				YES		NO			
How were you referred to us?		Newspaper Ad		Personal Referral		Our website		Other (please explain):	
Have you ever worked for Lawns of Dallas before? NO YES <i>If YES, please identify when and your supervisor.</i>									
Do you have any friends or relatives employed by Lawns of Dallas?				NO		YES		<i>Please identify:</i>	
Have you ever been convicted of a felony?				NO		YES		<i>If YES, please explain:</i>	
<p><i>A conviction does not automatically mean that you will not be offered a job. What you were convicted of, the circumstances surrounding the conviction, and how long ago the conviction occurred are important. Give us all of the facts so that a fair decision can be made.</i></p>									

**POSITION**

Position(s) you are applying for:			Date available for employment:		Wage Desired:		
Applying for:		Hours available:		Will you work overtime when needed? YES NO		If NO, please explain:	
Full-Time		Part-Time		Temporary			
Is there any reason why you would be unable to perform the essential function of this position without special accommodations? <i>(ONLY answer if you have been provided with a copy of the job description and read what the essential functions are.)</i>							

**EDUCATION**

	Name of School, City & State	Years Completed	Diploma or Degree	Major
High School				
Trade / Business				
Undergraduate				
Graduate				
Graduate				

**ADDITIONAL SKILLS AND QUALIFICATIONS**

List all specialty certifications and licenses that you hold that are applicable to the position(s) you are applying for:

List experience with specialized equipment and systems:

List experience with computers and software:

Is there any other information you feel would be helpful to our decision-making process?

**REFERENCES**

Please list three references other than family members or employers: Name	Relationship	Day Phone No	Email Address

**WHY LAWNS OF DALLAS?**

Please explain why you want to work for Lawns of Dallas.

**WORK HISTORY**

Please list your employment history, starting with your most current employer or occupation. Please include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status. If you do not wish your present employer to be contacted, please indicate by checking here.

Comments: Include explanation of any gaps in employment.

**WORK HISTORY (Cont.)**

Present or Last Employer (Name and Address)				
Dates of Employment From                      To	Position(s) Held	Salary Starting \$	Final \$	Other Compensation (bonus, commission, etc)
Immediate Supervisor's Name		Phone No		Email
Brief Description of Your Job Duties				
Reason for Leaving				

Prior Employer (Name and Address)				
Dates of Employment From                      To	Position(s) Held	Salary Starting \$	Final \$	Other Compensation (bonus, commission, etc)
Immediate Supervisor's Name		Phone No		Email
Brief Description of Your Job Duties				
Reason for Leaving				

Prior Employer (Name and Address)				
Dates of Employment From                      To	Position(s) Held	Salary Starting \$	Final \$	Other Compensation (bonus, commission, etc)
Immediate Supervisor's Name		Phone No		Email
Brief Description of Your Job Duties				
Reason for Leaving				

Prior Employer (Name and Address)				
Dates of Employment From                      To	Position(s) Held	Salary Starting \$	Final \$	Other Compensation (bonus, commission, etc)
Immediate Supervisor's Name		Phone No		Email
Brief Description of Your Job Duties				
Reason for Leaving				

## Information

We sincerely appreciate your interest in Lawns of Dallas and assure you that we are deeply interested in your qualifications and job goals. A clear understanding of your background and work history will aid us in evaluating you for the position that best meets your qualifications and future aspirations.

We are an Equal Opportunity Employer (EOE) and, as such, will not discriminate against an applicant or employee on the basis of age, sex, sexual orientation, race, color, creed, religion, ethnicity, national origin, alienage or citizenship, disability, marital status, familial status, military or veteran status, or any other legal recognized protected basis under federal, state or local laws, regulations or ordinances.

Applicants with disabilities may be entitled to reasonable accommodation under the terms of the Americans with Disabilities Act and certain state or local laws. A reasonable accommodation is a change in the way things are normally done which will ensure an equal employment opportunity and will enable applicants to participate in the screening process and for employees to perform the essential functions of their jobs without imposing undue hardship on Lawns of Dallas. Similarly, we will make reasonable accommodations to an applicant's and employee's religious beliefs and practices unless an undue hardship would result. Please inform Lawns of Dallas's representative if you need assistance completing any forms or to otherwise participate in the application or selection process.

## Agreement and Release

**We have a Drug Free environment.** By completing and signing this Application, you understand and agree to submit to drug and alcohol screening and searches during the course of employment as provided for in Lawns of Dallas's Drug and Alcohol Policy. You further understand and agree to release Lawns of Dallas and its directors, officers, agents, employees, parents, subsidiaries, and affiliated concerns from any and all liability, claims, demands, damages, and causes of action of every kind and nature arising out of or resulting from or in connection with submitting to drug and alcohol screening or searches and any decision concerning employment made by Lawns of Dallas in whole or in part, based upon the results of drug and alcohol screening or searches. \_\_\_\_\_ initials

I consent to and authorize Lawns of Dallas to contact my former employers, and any and all other persons and organizations for information bearing upon my qualifications for employment. I further authorize the listed employers, schools and personal references to give Lawns of Dallas (without further notice to me) any and all information about my previous employment and education, along with other pertinent information they may have and hereby waive any actions which I may have against either party for providing a reference. Also, I understand my employment is contingent on Lawns of Dallas receiving satisfactory employment references. \_\_\_\_\_ initials

I expressly agree and understand that, if employed, my employment is not for a specified term, is based upon mutual consent, and may be terminated at will, with or without cause or liability, by either party (Lawns of Dallas or me) without prior notice to the other. I also understand that this aspect of my employment may not change absent an individual written agreement signed by the President of Lawns of Dallas and me. Unless an agreement is executed by the General Manager of Lawns of Dallas and me, this application nor any other document or statement, can constitute an agreement or contract for employment for any specified period or definite duration or, in any way, limit the at-will nature of my employment. \_\_\_\_\_ initials

I certify, under penalty of perjury, that all of the above information is true and complete, and I understand that any falsification or omission of information may result in denial of employment or, if hired, may result in termination regardless of the time lapse before discovery.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

## Background Check Disclosure & Release

Pursuant to the requirements of the Fair Credit Reporting Act, notice is given that a consumer report\* request may be made in connection with your application for employment.

If you are denied employment, either wholly or partly, because of information contained in a consumer report, a disclosure will be made to you, in writing, of this decision, as well as the name and address of the consumer reporting agency making such report. You will also receive a copy of the report and a statement of your consumer rights.

By signing below you consent to the procurement of a consumer report in connection with your application for employment.

SIGNATURE	DATE
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PRINTED NAME
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OTHER LAST NAMES
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SOCIAL SECURITY NUMBER	DATE OF BIRTH*
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DRIVERS' LICENSE NUMBER**	STATE ISSUED
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PLEASE CHECK HERE IF YOU WOULD LIKE A COPY OF THE REPORT(S) WE OBTAIN _____
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\*For consumer report purposes only

\*\*For positions where driving is required for business reasons

\* A consumer report may consist of employment records, educational verification, licensure verification, social security number verification, previous addresses, and other public records relative to criminal charges. A credit report or driving history will not be requested unless it is deemed pertinent to the functions of the position for which you are applying. Medical records will not be requested.