

Weed Eraser, Inc.
Job Application Form

PERSONAL INFORMATION:

First Name _____ M.I. _____ Last Name _____

Street Address _____

City, State, Zip Code _____

Phone Number _____ E-Mail Address _____

Are you eligible to work in the United States? Yes _____ No _____

Have you been convicted of or pleaded no contest to a felony within the last five years?

Yes _____ No _____ If yes, please explain: _____

Do you have a valid MI driver's license? Yes _____ No _____

Driver's License Number _____

Weed Eraser, Inc. has a no drug policy. If I am offered a job, it will be contingent on passing drug/alcohol testing. **I agree to submit to these tests prior to employment, random, and as required.**

Yes _____ No _____

POSITION/AVAILABILITY:

Position Applying For: _____

Days/Hours Available : _____

What date are you available to start work? _____

Are you able to lift a minimum of 40 lbs. without difficulty ? _____

Do you have any allergies or asthma that could affect your ability to work outdoors (grass, pollen, trees, bee stings, etc.)? _____

Do you have reliable transportation? _____

Do you have any conditions, medical or otherwise, that could affect your ability/capability to perform the job for which you are applying? If yes, please specify. _____

EDUCATION:

Name and Address Of School - Degree/Diploma - Graduation Date

Skills and Qualifications: Licenses, Skills, Training, Awards

EMPLOYMENT HISTORY:

Present Or Last Position:

Employer: _____ Address: _____

Supervisor: _____ (phone) _____ (e-mail) _____

Your Position Title: _____ From: _____ To: _____

Responsibilities: _____

Salary: _____ Reason for Leaving: _____

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Previous Position:

Employer: _____ Address: _____

Supervisor: _____ (phone) _____ (e-mail) _____

Position Title: _____ From: _____ To: _____

Responsibilities: _____

Salary: _____ Reason for Leaving: _____

May We Contact Your Present/Previous Employers? Yes _____ No _____

I certify that information contained in this application is true and complete.

I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above. **I also understand that any job offer is contingent on my passing drug/alcohol screening and background checks.**

Signature _____ Date: _____