

Application for Employment

A WOMANS TOUCH TREE CARE LLC

749 BROWN RD.

Employee Date Of Birth: -----

COLUMBUS, OH 43223

Applicant's Information

First Name _____

Social Security Number

_____ - _____ - _____

Last Name _____

Phone Number

_____ - _____ - _____

Nickname _____

Address _____

Email

Alternate Phone Number

_____ - _____ - _____

Work

Cell

Other

Recruitment Information

Position Applying For

Available to Work

Full-time

Part-time

How did you learn about this company and position?

Job advertisement (identify publication or other media): _____

Employee referral (identify employee): _____

Other (please specify): _____

Have you previously worked at our company? Yes No

If yes, under what conditions did you leave employment before? _____

Education

For each level of schooling below, please write the school name, the city and state where it is located, your major and minor subjects, and the degree or diploma you received.

High School _____

College 1 _____

College 2 _____

Graduate School _____

Business, Trade, or Other Schools _____

Work History

Starting with your current or most recent employer, please provide the following information about the last three companies for which you have worked.

Employer 1 (current or most recent)

Company Name _____

Address _____

Dates Employed _____

Job Title(s) Held _____

Job Responsibilities _____

Name of Immediate Supervisor(s) _____

Employer 2

Company Name _____

Address _____

Dates Employed _____

Job Title(s) Held _____

Job Responsibilities _____

Name of Immediate Supervisor(s) _____

Employer 3

Company Name _____

Address _____

Dates Employed _____

Job Title(s) Held _____

Job Responsibilities _____

Name of Immediate Supervisor(s) _____

Applicant Consent

Please carefully read the statements below and initial each one to indicate that you understand and agree to the terms stated. Then sign this form at the bottom.

_____ I certify that all information I have supplied on this form is correct to the best of my knowledge. I understand that omissions or providing deliberate misinformation will disqualify my application and, if hired, would serve as grounds for dismissal.

_____ I give consent to **A WOMANS TOUCH TREE CARE LLC** to contact the employers listed on this form for my employment references. I authorize these individuals to provide truthful information regarding my employment and previous work experience. In doing so, I waive liability against the employers and individuals contacted as my references, provided the information they supply is honest, factual and given without malice.

Applicant's Signature _____ **Date** _____

Company Purposes Only

Interviewer's Signature _____ **Date** _____