

Date: **TOP-FLIGHT**

APPLICATION FOR EMPLOYMENT

Directions: Type or print in blue or black ink. Answer all questions which are applicable. Please do not state "See Resume".

PERSONAL INFORMATION

Last Name (incl. other names used)	First Name	Middle
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address (city, state, zip)		
<input type="text"/>		
Previous Address (city, state, zip)		
<input type="text"/>		
Phone	Cell	Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email Address	If under the age of 18, are you able to provide documentation of your legal right to work? <input type="text"/>	
<input type="text"/>	<input type="text"/>	

EMPLOYMENT INFORMATION

Position for which you are applying: How did you hear about this position?		
<input type="text"/>		
Desired rate of pay:		
<input type="text"/>		
Are you employed at present?	If yes, please complete the information below.	
<input type="text"/>	<input type="text"/>	
Employer's Name:		
<input type="text"/>		
Employer's Address:		
<input type="text"/>		
1. How long have you been with this employer?	Present Salary:	
<input type="text"/>	<input type="text"/>	
2. If offered a position with Top-Flight, when can you report for work?		
<input type="text"/>		
3. If hired, what is your plan for transportation to & from work?		
<input type="text"/>		
What is your backup plan if your first plan doesn't work out?		
<input type="text"/>		
4. If hired, can you show proof of your legal right to work in the U.S.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Have you ever been dismissed or asked to resign from any position?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Have you ever been convicted of a felony or a misdemeanor which resulted in imprisonment? (a 'Yes' answer to the above question does not necessarily disqualify an applicant from employment)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes to #5 or #6, please explain:

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EDUCATION

Please list on the following lines all schools attended and any other pertinent information about your education.

School(s)	Subjects Studied (if applicable)
High School	
College (including dates attended)	

EMPLOYMENT EXPERIENCE (list most recent experience first)

Name, Address, Phone Number	Position(s) Held	Dates (start - end)
May we contact this person?		
May we contact this person?		
May we contact this person?		
May we contact this person?		

PROFESSIONAL REFERENCES

(may include volunteer work, but no friends or family, please)

Name & Address	Phone	Relationship
May we contact this person?		
May we contact this person?		
May we contact this person?		
May we contact this person?		

May we contact references not listed on this application?

I certify that all statements made herein and on the enclosed resume are true and correct to the best of my knowledge. I authorize investigation of all statements herein recorded. I release from liability all persons and organizations reporting information required by this application.

Signature

Date

Please indicate your level of willingness to perform these tasks and duties by placing an "x" on the appropriate line.

Are you willing to:	NO	MAYBE	YES
1. Greet and approach all customers with a smile?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Ask questions if you are ever unsure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Listen to and follow directions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Load bags of mulch and soil into vehicles?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Clean the bathroom, windows and glass?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Sweep and mop the floors, walkways, etc?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Uphold strict safety policies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Uphold a no-smoking policy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Climb and work using safety policies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Stand on your feet for long periods of time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Dress in compliance with our dress code?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Operate gas-powered machinery?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Consistently maintain a positive attitude?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Water plants in the heat for an extended period of time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Work 40 hours per week?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Work weekend and evening hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Work holidays?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Lift heavy plants, boxes and stock safely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Answer phone calls at any time of day or night?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Leave personal issues and negativity at home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Work well with your teammates?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Report to work on time and when scheduled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Keep your work truck clean?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Pick up cigarette butts in the landscaping?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Return work tools to their proper place in the shop?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Work in the cold?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Stay organized?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Dress appropriately for the weather conditions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Work during the night?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Set aside personal preferences and temporarily or permanently work at any account as requested?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Track your time according to company policy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Take responsibility for turning your timesheet in on time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Report your teammates for wrong conduct?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

signature

date



Thank you for your time and effort in applying for a position with Top-Flight Maintenance, Inc.

We are pleased to let you know that if we hire you for the position discussed, the rate of pay, actual start date and other details will be discussed at our next meeting with you.

If you are favorable to proceeding toward employment with us, please provide the following information as part of our employment screening process:

LAST TWO HOME ADDRESSES

<input type="text"/>
<input type="text"/>

DRIVING RECORD, BACKGROUND CHECK, DRUG TEST

Driver's License Number:	<input type="text"/>
Date of Birth:	<input type="text"/>

I understand that information submitted herein may be used as part of the employment screening process and I authorize Top-Flight Maintenance to access such records as my driving record, a background check and possibly a drug test.

<input type="text"/>	<input type="text"/>
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Signature

Date