



HOPPERGRASS LAWN CARE LLC

3540 Crain Hwy, Suite 445

Bowie, Maryland 20716

Phone: 301.442.2465 | Fax: 301.560.5787

www.hoppergrasslawncare.com

Job Application Form

Instructions: Answer all questions. Sign and date the form.

PERSONAL INFORMATION:

First Name: _____ Middle Name: _____ Last Name: _____

Street Address: _____

City, State, Zip Code: _____

Home Phone Number: _____ Cell Phone Number: _____

Email Address: _____

Date of Birth: _____

If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States? Yes _____ No _____

If you are under age 18, do you have an employment/age certificates? Yes ___ No ___

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

If yes, please describe the crime - state the nature of the crime(s), when and where convicted, and the disposition (final settlement) of the case:

Languages spoken: ___ English ___ Spanish ___ Other: _____

POSITION/AVAILABILITY:

Positions Applying For: ___ Grounds Worker ___ Helpers ___ Drivers ___ Project Manager ___ Foreman

Days/Hours Available:

Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___ Saturday ___ Sunday ___

Hours Available: from _____ to _____

If hired, on what date can you start working? _____

EMPLOYMENT EXPERIENCE: Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

Are you currently employed? ___ Yes ___ No

If you are currently employed, may we contact your current employer? ___ Yes ___ No

Name of Employer: _____

Name of Supervisor: _____

Telephone Number: _____

Address: _____

City, State, Zip: _____

Length of Employment (Include Dates): _____

Salary/Hourly Rate of Pay: _____

Position & Duties:

Reason for Leaving: _____

May we contact this employer for references? Yes No

Are you currently employed? Yes No

If you are currently employed, may we contact your current employer? Yes No

Name of Employer: _____

Name of Supervisor: _____

Telephone Number: _____

Address: _____

City, State, Zip: _____

Length of Employment (Include Dates): _____

Salary/Hourly Rate of Pay: _____

Position & Duties:

Reason for Leaving: _____

May we contact this employer for references? Yes No

VEHICLE OPERATION:

Do you have a Driver's License? Yes No If yes, for what state _____

Driver's License # _____ State _____

Restrictions? _____

List the type and vehicles and size of equipment you have operated:

REFERENCES:

1. Reference Name: _____
Company Name: _____
Phone Number: _____ Email Address: _____

2. Reference Name: _____
Company Name: _____
Phone Number: _____ Email Address: _____

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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.

Signature _____ Date _____

HopperGrass Lawn Care reserves the right to show photos of employees working for display purposes only.