



**Personal Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

- If hired, can you provide proof that you are legally able to work in the United States?

Yes\_\_\_\_ No\_\_\_\_

- How were you referred to us?

Referral \_\_\_\_\_ Name of Employee \_\_\_\_\_

Job Board \_\_\_\_\_

Walk-In \_\_\_\_\_

Other \_\_\_\_\_

- If applicable, list any relatives or friends employed by Springhetti's Custom Outdoor Living:

\_\_\_\_\_

- Have you ever been convicted of a criminal offense (felony or misdemeanor)?

*Note: An affirmative answer will not necessarily result in disqualification for employment:*

Yes\_\_\_\_ No\_\_\_\_

If yes, please state the nature of offense(s), date(s), city, state, and disposition of the offense:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **Employment**

- Position Desired: \_\_\_\_\_ Year-round or Seasonal Desired? \_\_\_\_\_ ▪

Salary Desired: \_\_\_\_\_

- What days and hours are you available for work?

\_\_\_\_\_

- Date you can start work if hired \_\_\_\_\_

- Are you over 18 years of age?

Yes\_\_\_ No\_\_\_

If you are under 18 years of age, can you provide a work permit? Yes\_\_\_ No\_\_\_

- Are you able to perform the essential functions of the job for which you are applying?

Yes\_\_\_ No\_\_\_

*Note: We comply with the Americans with Disabilities Act and will consider reasonable accommodation measures that may be necessary for eligible applicants to perform essential functions:*

## **Skills**

- Are you able to operate a personal computer? Yes\_\_\_ No\_\_\_

If yes, what types of computer software and programs do you have proficiency in?

\_\_\_\_\_

- What knowledge, special skills, and/or individual capabilities do you have which especially prepare you for the position you applied for?

\_\_\_\_\_

\_\_\_\_\_

## **Military Service**

- Have you obtained any special skills or abilities as a result of service in the military?

Yes\_\_\_ No\_\_\_

If yes, please describe:

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### **Education**

#### High School or Equivalent

Name & City of School: \_\_\_\_\_

Number of Years Completed: \_\_\_\_\_

Did you graduate? Yes \_\_\_\_\_ No \_\_\_\_\_

Degree(s) or Diploma(s): \_\_\_\_\_

Major Field(s) of Study: \_\_\_\_\_

#### College or University

Name & City of School: \_\_\_\_\_

Number of Years Completed: \_\_\_\_\_

Did you graduate? Yes \_\_\_\_\_ No \_\_\_\_\_

Degree(s) or Diploma(s): \_\_\_\_\_

Major Field(s) of Study: \_\_\_\_\_

#### College or University

Name & City of School: \_\_\_\_\_

Number of Years Completed: \_\_\_\_\_

Did you graduate? Yes \_\_\_\_\_ No \_\_\_\_\_

Degree(s) or Diploma(s): \_\_\_\_\_

Major Field(s) of Study: \_\_\_\_\_

### **Employment History**

Please account for all employment within the last seven (7) years, beginning with your current or more recent employer. If you need additional space please write a separate sheet of paper.

▪ Position Held

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Company Telephone Number: (    ) \_\_\_\_\_

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Salary: \_\_\_\_\_

Job Title: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Is this your current employer? Yes \_\_\_\_ No \_\_\_\_

May we contact this employer? Yes \_\_\_\_ No \_\_\_\_

Specific Job Duties:

\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

▪ Position Held

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Company Telephone Number: (    ) \_\_\_\_\_

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Salary: \_\_\_\_\_

Job Title: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Is this your current employer? Yes\_\_\_\_ No\_\_\_\_

May we contact this employer? Yes\_\_\_\_ No\_\_\_\_

Specific Job Duties:

\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

▪ Position Held

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Telephone Number: (    ) \_\_\_\_\_

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Salary: \_\_\_\_\_

Job Title: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Is this your current employer? Yes\_\_\_\_ No\_\_\_\_

May we contact this employer? Yes\_\_\_\_ No\_\_\_\_

Specific Job Duties:

Reason for Leaving: \_\_\_\_\_

### **Professional References**

Name of Reference #1: \_\_\_\_\_

Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_

Name of Reference #2: \_\_\_\_\_

Relationship: : \_\_\_\_\_ Years Known: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_

Name of Reference #3: \_\_\_\_\_

Relationship: : \_\_\_\_\_ Years Known: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_

### **APPLICANT'S STATEMENT**

*(Initial each numbered item as read)*

1. \_\_\_\_\_ I authorize all the schools, persons and organizations named in this application to provide any relevant information in their possession or knowledge to the agents of Springhetti's Luxury Outdoor Spaces, for use in deciding whether or not to offer me employment and specifically waive any required written notification. I hereby release S Springhetti's Luxury Outdoor Spaces, my former employers, and all other persons from any and all claims, demands, or liabilities arising out of or in any way related to such inquiry or disclosure.
2. \_\_\_\_\_ I authorize Springhetti's Luxury Outdoor Spaces to conduct background, educational,

employment, and professional reference checks.

3. \_\_\_\_\_ I understand and agree that if driving is a requirement for the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid WI driver's license and automobile liability insurance in an amount equal to the required amount in WI. I authorize Springhetti Custom Outdoor Living to request a motor vehicle record (MVR) to prove I am able to drive Springhetti vehicles and be covered by their insurance company.
  
4. \_\_\_\_\_ I understand and agree that any misrepresentation or omission of facts in this application will be justification for refusal or termination of employment, regardless of the time elapsed before discovery.
  
5. \_\_\_\_\_ I understand and agree that the employment for which I am applying is at-will and such employment may be terminated at any time with or without cause, without prior notice, by either myself or Springhetti's Luxury Outdoor Spaces. There will be no agreement, express or implied between Springhetti's Luxury Outdoor Spaces and me for any specific period of employment, nor continuing or long-term employment, unless made in writing, signed by an authorized representative of Springhetti's Custom Outdoor Living.
  
6. \_\_\_\_\_ I have placed my signature in the space provided below only after I have completed the entire application to the best of my ability and have carefully read the statements above. The information I have provided on this application is accurate to the best of my knowledge and may be verified by Springhetti's Custom Outdoor Living or its agents.

Applicant Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_