



SPRINGHETTI

LUXURY OUTDOOR SPACES

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 did you find our company?

Referral _____ Name of Contact _____

Social Media _____

Walk-In _____

Other _____

- If applicable, list any relatives or friends employed by Springhetti Luxury Outdoor Spaces:

- 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

Driver's License & Motor Vehicle Requirement

All field positions require operating company vehicles, transporting equipment and materials, and traveling between job sites. A valid driver's license and the ability to meet the Company's motor vehicle insurance requirements are essential job functions.

Driver's License Information

Do you currently possess a valid, unrestricted driver's license?

Yes

No

State of Issuance: _____

Insurance Eligibility

Employment for this position is contingent upon the applicant's ability to meet the Company's motor vehicle insurance eligibility requirements. If offered employment, you may be required to provide proof of a valid driver's license and authorize the Company to obtain a Motor Vehicle Record (MVR) report.

Applicant Acknowledgment

I understand that driving may be an essential function of this position. I certify that the information provided above is true and accurate to the best of my knowledge.

Applicant Signature: _____

Date: _____

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:

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: _____