



Meissner Landscape Inc.

4919 County T • Sturgeon Bay, WI 54235-8819

(920) 743-1011 • Fax (920) 743-8878 • www.meissnerlandscape.com

APPLICATION FOR EMPLOYMENT

DATE: _____

Meissner Landscape, Inc. is an equal opportunity employer and selects applicants based upon different factors of job qualifications that best fits the needs of our company regardless of race, religion, color, creed, sex, sexual orientation, origin, age, disability, or any other status or characteristics protected by law.

PERSONAL INFORMATION

NAME: _____
LAST FIRST MIDDLE

ADDRESS: _____
STREET CITY STATE ZIP

HOME PHONE: _____ CELL PHONE: _____

SOCIAL SECURITY #: _____ DRIVERS LICENSE #: _____

ARE YOU OVER THE AGE OF 18?: YES NO

ARE YOU U.S. CITIZEN? YES NO IF NOT, DO YOU HAVE A WORK VISA? YES NO

HAVE YOU BEEN CONVICTED OF A FELONY? YES NO

IF YES, PLEASE EXPLAIN: _____

EMPLOYMENT INFORMATION

WHAT POSITION ARE YOU APPLYING FOR?: _____

THE POSITION IS: FULL-TIME PART-TIME SEASONAL

WHEN CAN YOU START? _____ WHAT IS YOUR DESIRED WAGE? _____

HAVE YOU EVER APPLIED HERE BEFORE? YES NO IF YES, WHEN? _____

HEIGHT: _____ ft _____ in WEIGHT: _____ lbs

HOW MANY POUNDS CAN YOU LIFT? ___ 25 lbs or less ___ 50 lbs ___ 75 lbs ___ 100 lbs ___ over 100 lbs

DO YOU HAVE DIFFICULTIES: _____ BENDING OR STOOPING
_____ STANDING FOR A LONG PERIOD OF TIME
_____ WORKING IN EXTREME TEMPERATURES
_____ CLIMBING

LIST ANY PHYSICAL LIMITATIONS OR PREVIOUS INJURIES THAT MAY RELATE TO THE WORK FOR WHICH YOU ARE APPLYING: _____

EDUCATIONAL INFORMATION

SCHOOL	NAME AND LOCATION	DID YOU GRADUATE?	IF NO, # OF YRS LEFT?	MAJOR/DEGREE
HIGH SCHOOL		YES NO		
		YEAR:		
OTHER SCHOOL		YES NO		
		YEAR:		
COLLEGE		YES NO		
		YEAR:		GPA:
COLLEGE		YES NO		
		YEAR:		GPA:

OTHER CREDENTIALS/LICENSES/PROFESSIONAL AFFILIATIONS, ETC, WHICH ARE RELEVANT TO THE JOB FOR WHICH YOU ARE APPLYING: _____

WORK EXPERIENCE

DATE	EMPLOYER INFO	POSITION	WAGE	REASON FOR LEAVING
From	Name: Phone:		\$	
To	Address:			
From	Name: Phone:		\$	
To	Address:			
From	Name: Phone:		\$	
To	Address:			
From	Name: Phone:		\$	
To	Address:			

IF YOU WISH TO ELABORATE ON ANY OF THE ABOVE WORK EXPERIENCES, PLEASE DO SO:

REFERENCES

NAME:	PHONE:
ADDRESS:	
RELATIONSHIP:	YEARS AQUAINTED:
NAME:	PHONE:
ADDRESS:	
RELATIONSHIP:	YEARS AQUAINTED:
NAME:	PHONE:
ADDRESS:	
RELATIONSHIP:	YEARS AQUAINTED:

IN CASE OF AN EMERGENCY, NOTIFY _____ PHONE: _____
 RELATIONSHIP TO THIS PERSON: _____

I understand by signing below, that this application does not guarantee me a position with this company and furthermore, this application does not obligate this company to offer me a job, or hire me. This application expires in 30 days.

SIGNATURE: _____ DATE: _____