

APPLICATION FOR EMPLOYMENT

Professional Turf Products is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.

Name			Date
Last Firs	st Middle		
Address			
Number & Street	City	State	Zip Code
Telephone	Social Secu	rity Number	
Email address			
GENERAL INFORMATION	ı:		
Are you over 18 years old?	☐ Yes ☐ No		
Position Sought	☐ Full Ti	me 🛭 Part	Time
Date Available	Salary D	esired	
	·		
Have you filed an application	n here before? ☐ Yes □	□ No If yes, da	ate
Have you ever been employ	yed by us before? □Ye	s □ No If yes,	, date
Are you known to schools	references by another	·name? □Ye	s□No
If yes, by what name?			
Are you on layoff? □Ye	s □No		
		10:	4
Are you legally eligible for e (If offered employment, you			

nave you ever t	peen convicted of a crin	ninal offen	se (felony o	r misdemean	or)?	
⊒Yes ⊒No						
disposition of the	scribe the crime - state			when and whe	ere convicted	and
	e denied employment solely on the gra etails that affect the description of the be considered.)					
EDUCATI	ION					
School	Name of School/Location	Major Area of Study		No. of Years Attended	Degree Yes/No	
High School						
College						
Graduate School						
Bus. or Trade/Voc.						
Other						
						l
	rs and Achievements:					
High School: _						
College (or other	er):					
SERVICE SK			II	E SKILLS		
Check below the skills you have)			(Check below the skills you have) ☐ Ten Key ☐ ShorthandWPM			
I Assembly □ Sche					WPM	
	ne/CNC Maintenance		☐ Transcr			
l Grinding □ Drill Pre	ess			WPM ocessing □ Pers	onal Computer	
_	·			ocessing a reis		

EMPLOYMENT: List last employer first, including U.S. Military Service.

Employer	Dates En		Supervisor's Name	Your Job Title
City, State	From	То	Work Performed:	
Telephone	Your S Start	alary End		
May We Contact?				
Reason(s) for Leaving:				
Employer	Dates Employed		Supervisor's Name	Your Job Title
Linbioyei	From	То	Supervisor's Name	Tour oob Title
City, State			Work Performed:	
Telephone	Your S	Salary		
	Start	End		
May We Contact?				
Reason(s) for Leaving:				
Employer	Dates En	nployed	Supervisor's Name	Your Job Title
Employer	Dates En	nployed To	Supervisor's Name	Your Job Title
Employer City, State			Supervisor's Name Work Performed:	Your Job Title
City, State		То		Your Job Title
	From	То		Your Job Title
City, State	From Your S	To		Your Job Title
City, State Telephone	From Your S	To		Your Job Title
City, State Telephone May We Contact?	From Your S	To		Your Job Title
City, State Telephone May We Contact? Reason(s) for Leaving:	Your S Start	To Salary End	Work Performed:	
City, State Telephone May We Contact?	Your S Start Dates En	End End		Your Job Title Your Job Title
City, State Telephone May We Contact? Reason(s) for Leaving:	Your S Start	To Salary End	Work Performed:	
City, State Telephone May We Contact? Reason(s) for Leaving: Employer	Your S Start Dates En	Ealary End	Work Performed: Supervisor's Name	
City, State Telephone May We Contact? Reason(s) for Leaving: Employer City, State	Your S Start Dates En	Ealary End	Work Performed: Supervisor's Name	
City, State Telephone May We Contact? Reason(s) for Leaving: Employer City, State	Your S Start Dates En From Your S	Ealary End Inployed To Calary	Work Performed: Supervisor's Name	
City, State Telephone May We Contact? Reason(s) for Leaving: Employer City, State Telephone	Your S Start Dates En From Your S	Ealary End Inployed To Calary	Work Performed: Supervisor's Name	

If you wish to describe additional work experience, attach the above information piece of paper.	tion for each posit	ion on	a separate		
Explain any gaps in work history:					
Have you ever been discharged or asked to resign from a job?YesNo					
If yes, explain:					
REFERENCES: Give name, address and telephone number of three references.	ences who are no	t relate	ed to you.		
	()	<u>-</u> ,		
	()	<u>-</u> ,		
	()	_		
			<u> </u>		
AGREEMENT:					
I hereby certify that the information provided on this application (and accomplete to the best of my knowledge and authorize Professional Turf Probability of whatever kind and nature which, at any time, could result from decision based on such information. I also agree that falsified information me from further consideration for employment and may be considered sufficient a later date. I understand that my employment can be terminated, with or at any time at the discretion of either Professional Turf Products or myself.	Products to verify Professional Turf I obtaining and ha or significant omistient basis for dismostrate, when without cause, we have the significant without sause, we have the significant without sause, we have some the significant without sause, we have said the significant without sause, we have said the significant without sause, we have said the significant without sause.	the acording a sions of the contract of the co	ccuracy and to cts from any/all an employment may disqualify if discovered at		
Should an offer of employment be made and accepted, I will be required to (1) sign and abide by an employee agreement which contains various obligations including, but not limited to, confidentiality, assignment of patentable inventions, non-competition where permissible, and the like (2) provide proper documentation of legal right to work in the United States as required by the Immigration Reform and Control Act of 1986 (3) successfully pass a Drug and Alcohol test and a pre-employment medical evaluation where appropriate. However, I understand that neither this application, the policies, rules, regulations of employment nor anything said during the interview process shall be deemed to constitute the terms of an implied employment contract between Professional Turf Products and myself.					
Any offer of employment is contingent upon successful completion of the afo	prementioned item	ıs.			
I have read in full and understand the above statements and conditions of er	mployment.				
Signature of Applicant	Date				