



# Employment Application

Pre-Employment Questionnaire

3333 South Wadsworth Blvd #216 Lakewood, Colorado 80227 Phone 303.422.9747, Fax# 303.425.1165

Date \_\_\_\_\_

### Your Contact Information:

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street Apt# City/State Zip Code

Primary Phone # \_\_\_\_\_ Secondary Phone # \_\_\_\_\_  
Please Include Area Code Optional

Are you 18 years or older? Yes  No

Are you a United States Citizen or an Alien Authorized to work in the United States? Yes  No

Have you ever plead guilty or been convicted of a crime or Felony? Yes  No   
 If "Yes" Please explain \_\_\_\_\_

### Employment Desired:

Position you are Applying for \_\_\_\_\_ Date you can Start \_\_\_\_\_

Are you currently Employed? Yes  No

If "Yes" may we inquire of your present employer? Yes  No

Have you ever applied or worked for this company in the past? Yes  No

Were you Referred to this company by someone else? Yes  No   
 If "Yes" by whom? \_\_\_\_\_

### Your Education:

School	Name, City & State of School	# of Years	Graduate
High School	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Trade, Business or Correspondence School	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
College/University	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Degree or Majored in \_\_\_\_\_

Subjects of Study or Research \_\_\_\_\_

Military Service  Rank

Are you currently a member in the National Guard or Reserves? Yes  No

### General

Special Skills - Do you have or possess and special skills that you would like to make us Yes  No

Aware of? Please describe. \_\_\_\_\_

Activities - Civil, Athletic or Other (optional) \_\_\_\_\_

**Former Employers: Please list your last three (3) Employers beginning your most recent**

Employer	Address/Phone	Dates Employed	Wage/Salary	Position
1		From To		

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

2		From To		
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Reason for Leaving \_\_\_\_\_

3		From To		
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Reason for Leaving \_\_\_\_\_

Which of the jobs you listed above, did you best like? \_\_\_\_\_

What did you best like about that job? \_\_\_\_\_

**References: Give the names of three (3) people not related to you, whom you have known at least one or more years.**

Name	Address	Contact Phone	Years Acquainted
1			
2			
3			

**Miscellaneous Information;**

1. Can you perform the essential functions of the job for which you are applying? Yes  No   
 If "No", which function(s) are you incapable of performing? \_\_\_\_\_

What, if any, type of assistance or accommodation do you require to perform the job function(s) for which you are applying? \_\_\_\_\_

2. Do you have any Plant Allergies or Allergies to Insect Bites or Stings? Yes  No   
 if yes, please explain. \_\_\_\_\_

3. Do you have a current Resume? If "Yes" please attach or Fax to (303)425-1165 Yes  No

4. Are you available to work long days and weekend? Yes  No

5. Do you have a reliable form of transportation to get you to and from work as required? Yes  No

6. Do you have a valid Colorado's Drivers License? Yes  No   
 You will need to provide creativexteriors with a current Colorado MVR, prior to beginning work at creativexteriors.

7. Do you have any Landscape Design, Construction Irrigation or Maintenance experience? Yes  No   
 if yes, please explain. \_\_\_\_\_

I Certify that the facts contained in this application are true and complete to the best of my knowledge, and understand that if employed, falsified statements on this application shall be grounds for dismissal. I authorize the investigation of all information, statements and references to creativexteriors contained herein concerning my previous employment and any other pertinent information they may have. I hereby release all parties from any and all liability that can result in damage in furnishing the information contained herein.

I further understand and agree that if I'm hired, my employment is for no definite period and may, regardless of the date of payment or wages or salary, be Terminated at anytime without prior Notice and Without Cause.

Signature \_\_\_\_\_ *Sign or Type your Name in Here* Date \_\_\_\_\_ *Date Here*