

PREVIOUS EMPLOYMENT

Date Month & Year	Name and Address of Employer	Salary	Position	Reason For Leaving
From _____	_____	_____	_____	_____
To _____	_____	_____	_____	_____
From _____	_____	_____	_____	_____
To _____	_____	_____	_____	_____
From _____	_____	_____	_____	_____
To _____	_____	_____	_____	_____
From _____	_____	_____	_____	_____
To _____	_____	_____	_____	_____

REFERENCES

Give below the names of three persons, not related to you, whom you have known for at least one year.

Name	Address & Phone	Business	Years Known
_____	_____ # _____	_____	_____
_____	_____ # _____	_____	_____
_____	_____ # _____	_____	_____

PHYSICAL RECORD:

Do you have any physical limitations that preclude you from performing any work for which you are being considered? YES____ NO____

If yes, please describe: _____

IN CASE OF EMERGENCY NOTIFY:

Name	Relationship	Phone No.
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AUTHORIZATION

I Hereby State 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 investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I authorize any school (college, university, or vocational/trade) to release my official records to D&D Landscape per their request.

I understand I can resign at any time and for any reason and D&D Landscape Service may release me at any time for any reason.

I UNDERSTAND THAT D&D LANDSCAPE SERVICE WILL REQUIRE APPLICANTS FOR EMPLOYMENT TO TAKE A URINALYSIS OR BLOOD TEST FOR DRUG AND ALCOHOL SCREENING PRIOR TO A JOB OFFER, AND THAT ANY OFFER OF EMPLOYMENT WITH THIS COMPANY IS CONDITIONED UPON THE RESULTS OF MY URINALYSIS OR BLOOD TEST FOR DRUG AND ALOCHOL BEING NEGATIVE.

I am aware that if I am employed by D&D Landscape Service, drug or alcohol screenings may be required at the discretion of the Company at any time during the course of employment if the Company has a reasonable suspicion that I am under the influence of drugs or alcohol, if I am involved in an on-the-job accident, or under conditions outlined in the Company Policy Handbook.

I further understand that the Company may inspect all lockers and any bags (including purses or briefcases) or parcels brought into or taken out of D&D Landscape and that my refusal to submit to a urinalysis, blood test, or search, when requested to do so, may result in the termination of my employment.

Signature _____ Date _____

MOTOR VEHICLE RECORD RELEASE AND AUTHORIZATION FORM

To: Wisconsin Department of Transportation

The undersigned does hereby authorize the release and delivery of all motor vehicle driving records relating to the undersigned, including but not limited to personal information, to my prospective or present employer and its insurance agent, whose names and addresses are as follows:

Name and Address of Employer:

D & D Excavating and Landscape Service, Inc.
2100 W. Edgewood Drive
Appleton, WI 54913

Name and Address of Insurance Agent:

Valley Insurance Associates Inc,
3962 N. Richmond
Appleton, WI 54913

This authorization shall continue in effect until revoked by the undersigned in a subsequent writing delivered to you.

Full Name _____ Signature _____

Address _____

Drivers License Number _____

Date _____