



# KOHLER LAWN & OUTDOOR, INC.

Employment Application

| APPLICANT INFORMATION  |    |                     |  |                |
|--|----|---------------------|--|----------------|
| Last Name  |    | First               |  | M.I.   Date    |
| Street Address   |    |                     | Apartment/Unit #   |                |
| City   |    | State               |  | ZIP            |
| Phone  |    | E-mail Address      |  |                |
| Date Available   |    | Social Security No. |  | Desired Salary |
| Position Applied for   |    |                     |  |                |
| Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/> |    |                     |  |                |
| Have you ever worked for this company? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when?   |    |                     |  |                |
| Have you ever been convicted of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain   |    |                     |  |                |
| EDUCATION  |    |                     |  |                |
| High School  |    | Address             |  |                |
| From   | To | Did you graduate?   | YES <input type="checkbox"/> NO <input type="checkbox"/> | Degree         |
| College  |    | Address             |  |                |
| From   | To | Did you graduate?   | YES <input type="checkbox"/> NO <input type="checkbox"/> | Degree         |
| Other  |    | Address             |  |                |
| From   | To | Did you graduate?   | YES <input type="checkbox"/> NO <input type="checkbox"/> | Degree         |
| REFERENCES   |    |                     |  |                |
| <i>Please list three professional references.</i>  |    |                     |  |                |
| Full Name  |    | Relationship        |  |                |
| Company  |    | Phone ( )           |  |                |
| Address  |    |                     |  |                |
| Full Name  |    | Relationship        |  |                |
| Company  |    | Phone ( )           |  |                |
| Address  |    |                     |  |                |
| Full Name  |    | Relationship        |  |                |
| Company  |    | Phone ( )           |  |                |
| Address  |    |                     |  |                |
| EMERGENCY CONTACT INFORMATION  |    |                     |  |                |
| In case of emergency please notify: _____  |    |                     |  | Phone ( )      |
| Address:   |    |                     |  |                |

**PREVIOUS EMPLOYMENT**

|   |                    |                    |  |
|---|--------------------|--------------------|--|
| Company   |                    | Phone ( )          |  |
| Address   |                    | Supervisor         |  |
| Job Title   | Starting Salary \$ | Ending Salary \$   |  |
| Responsibilities  |                    |                    |  |
| From  | To                 | Reason for Leaving |  |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> |                    |                    |  |
| Company   |                    | Phone ( )          |  |
| Address   |                    | Supervisor         |  |
| Job Title   | Starting Salary \$ | Ending Salary \$   |  |
| Responsibilities  |                    |                    |  |
| From  | To                 | Reason for Leaving |  |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> |                    |                    |  |
| Company   |                    | Phone ( )          |  |
| Address   |                    | Supervisor         |  |
| Job Title   | Starting Salary \$ | Ending Salary \$   |  |
| Responsibilities  |                    |                    |  |
| From  | To                 | Reason for Leaving |  |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> |                    |                    |  |

**MILITARY SERVICE**

|                                  |                   |    |
|----------------------------------|-------------------|----|
| Branch                           | From              | To |
| Rank at Discharge                | Type of Discharge |    |
| If other than honorable, explain |                   |    |

**CONSIDERATIONS FOR LANDSCAPE WORK**

|  |           |          |
|--|-----------|----------|
| Are you able to bend and lift from the ground?   | Yes _____ | No _____ |
| Are you able to work outdoors in all seasons?  | Yes _____ | No _____ |
| Are you able to drive a vehicle?   | Yes _____ | No _____ |
| Are you able to do handwork with a hoe, shovel, rake, wheel barrow or other tool?                          | Yes _____ | No _____ |
| Are you able to handle gasoline, diesel fuel, insecticides, etc?   | Yes _____ | No _____ |
| Are you able to spend hours on your feet?  | Yes _____ | No _____ |
| Are you able to lift heavy loads up to 80 pounds?  | Yes _____ | No _____ |
| Are you able to extend your hours to complete a job?   | Yes _____ | No _____ |
| Do you have pre-existing knowledge of plants, gardening and/or Landscaping? If yes, please describe below: | Yes _____ | No _____ |

What equipment do you have experience running? (i.e. loader, excavator)

If you answered no to any of the above questions please explain why here:

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge. I understand a drug test may be required. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature \_\_\_\_\_ Date \_\_\_\_\_