

# WINDSOR

C O M P A N I E S



1175 East Highway 36  
St. Paul, MN 55109  
651-482-0205

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## APPLICATION FOR EMPLOYMENT

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### PERSONAL INFORMATION

DATE OF APPLICATION \_\_\_/\_\_\_/\_\_\_

Name:

(Last)

(First)

(Middle)

Address:

(Street)

(Apt.)

(City, State)

(Zip)

Contact Information:

(Mobile Number)

(Home Telephone)

(E-Mail address)

How did you learn about our company? \_\_\_\_\_

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**POSITION SOUGHT:** \_\_\_\_\_

**Available Start Date:** \_\_\_/\_\_\_/\_\_\_

Desired Pay Range: (Hourly) \$\_\_\_\_\_ or (Salary) \$\_\_\_\_\_

Are you currently employed? \_\_\_\_\_ Yes \_\_\_\_\_ No

Type of employment desired? \_\_\_\_\_

(Full-time) (Part-time) (Seasonal) (Temporary)

If necessary, what is the best time to call you at home? \_\_\_\_\_

May we contact you at work? \_\_\_\_\_ Yes \_\_\_\_\_ No if yes, number to call: \_\_\_\_\_

Have you ever submitted an application here before? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, date(s) and position(s) held: \_\_\_\_\_

Would you work overtime if required? \_\_\_ Yes \_\_\_ No

If no, explain \_\_\_\_\_

Are you legally eligible for employment in this county? \_\_\_\_\_ Yes \_\_\_\_\_ No

If you are currently employed, name and title of Manager/Supervisor \_\_\_\_\_

May we contact for reference? \_\_\_\_\_ Yes \_\_\_\_\_ No Phone number: \_\_\_\_\_

Have you ever been fired or asked to resign? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, explain \_\_\_\_\_

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, explain \_\_\_\_\_

**EDUCATION**

	Name and Location	Graduate (Y/N)	Degree/Major
High School			
College or University			
Specialized Training/Trade School, etc.			
Other Training/Certificates			

Please list your areas of specialty skills or other training that may contribute to your abilities in performing the position.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PREVIOUS EXPERIENCE** (List beginning from most recent)

Dates Employed      Company Name and Address      Supervisor's Name and phone number  
\_\_\_\_/\_\_\_\_/\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_

Starting Pay      Ending Pay      Starting Role/Title      Ending Role/Title  
\$\_\_\_\_\_ per \_\_\_\_\_      \$\_\_\_\_\_ per \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_

Job notes, tasks performed and reason for leaving:

\_\_\_\_\_  
\_\_\_\_\_

Dates Employed      Company Name and Address      Supervisor's Name and phone number  
\_\_\_\_/\_\_\_\_/\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_

Starting Pay      Ending Pay      Starting Role/Title      Ending Role/Title  
\$\_\_\_\_\_ per \_\_\_\_\_      \$\_\_\_\_\_ per \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_

Job notes, tasks performed and reason for leaving:

\_\_\_\_\_  
\_\_\_\_\_

Dates Employed \_\_\_\_\_ Company Name and Address \_\_\_\_\_ Supervisor's Name and phone number \_\_\_\_\_  
 \_\_\_/\_\_\_/\_\_\_

Starting Pay \_\_\_\_\_ Ending Pay \_\_\_\_\_ Starting Role/Title \_\_\_\_\_ Ending Role/Title \_\_\_\_\_  
 \$\_\_\_\_\_ per \_\_\_\_\_ \$\_\_\_\_\_ per \_\_\_\_\_

Job notes, tasks performed and reason for leaving:  
 \_\_\_\_\_  
 \_\_\_\_\_

Dates Employed \_\_\_\_\_ Company Name and Address \_\_\_\_\_ Supervisor's Name and phone number \_\_\_\_\_  
 \_\_\_/\_\_\_/\_\_\_

Starting Pay \_\_\_\_\_ Ending Pay \_\_\_\_\_ Starting Role/Title \_\_\_\_\_ Ending Role/Title \_\_\_\_\_  
 \$\_\_\_\_\_ per \_\_\_\_\_ \$\_\_\_\_\_ per \_\_\_\_\_

Job notes, tasks performed and reason for leaving:  
 \_\_\_\_\_  
 \_\_\_\_\_

List any other job-related information you want us to know about you?  
 \_\_\_\_\_  
 \_\_\_\_\_

Please list any job-related organizations (professional, trade, etc.) that you belong to:

(Exclude memberships that would reveal race, color, religion, sex, age, citizenship national origin etc.)  
 \_\_\_\_\_  
 \_\_\_\_\_

List any special accomplishments, publications, accreditations, licenses, awards, etc. and the date:

(Exclude memberships that would reveal race, color, religion, sex, age, citizenship national origin etc.)  
 \_\_\_\_\_  
 \_\_\_\_\_

**PREVIOUS DRIVING EXPERIENCE**

Valid Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Accident Record for past (3) years.

Last Accident ___/___/___	Nature of Accident (describe)	Fatalities Y/N	Injuries
Next Previous Accident ___/___/___	Nature of Accident (describe)	Fatalities Y/N	Injuries
Nest Previous Accident ___/___/___	Nature of Accident (describe)	Fatalities Y/N	Injuries

Traffic Convictions for past (3) years (other than parking tickets)

Location	Date	Charge	Penalty
	___/___/___		
	___/___/___		
	___/___/___		

**EQUIPMENT EXPERIENCE**

Attachments:

Auger, Forks, Plow,  
Bucket, Spade, Brush

#of Years  
Experience

Proficiency level  
(1-5) 5= Most

List Equipment

Landscape Equipment: Bobcat, Bed Edger, Sod Cutter, Pipe Puller, Multi-track, Chain Saw, Wet Saw Compactor, etc.				
Lawn Maintenance Equipment: Mower, Walker, Edger, Backpack Bower, Aerator, Fertilizer Spreader, etc.				

**REFERENCES**

Name	Relationship	Phone Number	Length of Relationship

**APPLICANT STATEMENT:** I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct. I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives for seeking, gathering and using truthful and non-defamatory information in a lawful manner, in the employment process and all other person, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no questions on this application is used for the purpose of limiting or eliminating and applicant from consideration for employment on any basis prohibited by applicable local, state or federal law. I understand that this application will remain on file for (90) days. If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without any prior notice, except as may be required by law.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and the Federal immigration laws require me to complete an I-9 form in this regard.

I understand that any information provided to me that is found to be false, incomplete or misrepresented in any respect, will be sufficient to cause (1) eliminate me from further consideration for employment, or (2) may result in my immediate discharge from the employer's service, whenever it is discovered.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

I certify that I have read, fully understand and accept all terms of foregoing Applicant Statement.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_