

Johnson Property Services
570 W. Center St. Marion , Ohio 43302
740-383-3205

Date picked up: _____ Date returned: _____

Full Legal Name: Last _____ First _____ MI _____
Address: _____ City: _____ State: _____ Zip: _____
Primary Phone #: _____ Secondary Phone #: _____
Email Address _____
Referred By: _____

Are you employed now: _____

Date you could start: _____

If currently employed, would you give a two week notice: _____

Current employer's name: _____

Previous employer's name: _____

If not currently employed, what was your last date of employment: _____

Reason for separation from the company: _____

What was your longest length of employment: _____

What was your shortest length of employment: _____

What would your desired starting wage be per hour, or your base salary desired: _____

Would you need to carry benefits on yourself or your family: _____

Would this job be a career, or a stepping stone to something else, circle one: Career Stepping stone

Can you pass a random and regular drug and alcohol test: _____

Are you a convicted felon: _____

Do you have a valid Ohio Drivers License: _____

Do you have more than 4 points on your drivers license: _____

Do you have reliable transportation that is solely your transportation and not shared with others: _____

Do you have a high school diploma or GED: _____

Are you legally authorized to work in the U.S.A.: _____

Are you willing to be on call: _____

Are you willing to work overtime: _____

Have you worked for a landscape company previously: _____ If so, for whom: _____

Have you sold a product or service previously: _____ If so, for whom: _____

Do you know someone who currently or has previously worked for our companies: _____

If so, who: _____

What would be your dream job: _____

What would be a job you would never want to do: _____

Can you follow directions: _____

Can you read blueprints: _____

Are you a verbal or visual learner, circle one: Verbal Visual

Have you ever managed other people: _____, if so how many: _____

Have you worked in groups with others: _____, If so how many were in the group: _____

Do you work well with others: _____
 Do you do your best work alone or with others, circle one: alone with others
 Do you consider yourself a leader: _____
 If you are on a job that has a completion deadline and are unsure what to do, and are unable to contact anyone for directions, do you stop and miss the deadline, or do you complete the job, circle one: Stop Complete
 Are you able to direct others: _____
 Are you personable: _____
 Do you consider yourself funny: _____
 Can you start and carry on a conversation with someone you have never met: _____
 Can you follow orders: _____
 Can you give orders: _____
 Do you feel guilty if you give orders: _____
 What would you rather do, factory work or desk job, circle one: Factory Desk Job
 Why did you pick one over the other:

If you could pick when your day starts and ends, what would the hours be:
 Example: Start: 10:00 pm Stop: 4:00 am Start: _____ Stop: _____

Do you have experience in the following areas, write yes or no and then mark the experience level:
 Example: MS Excel: yes Minimal X Experienced ___ Expert ___
 Example: MS Word: no Minimal ___ Experienced ___ Expert ___ (this means you have no experience)

MS Excel: _____ Minimal ___ Experienced ___ Expert ___
 MS word: _____ Minimal ___ Experienced ___ Expert ___
 MS office: _____ Minimal ___ Experienced ___ Expert ___
 MS outlook: _____ Minimal ___ Experienced ___ Expert ___
 Internet: _____ Minimal ___ Experienced ___ Expert ___
 Typing: _____ Minimal ___ Experienced ___ Expert ___
 Email: _____ Minimal ___ Experienced ___ Expert ___

Please explain in detail if you have experience in the following areas (if no experience write n/a)

Lawn Maintenance/Installation:

Landscape Maintenance/Installation:

Hardscape Construction:

Sales:

Building/Facility Maintenance:

Snow Removal:

Construction:

Experience in operating equipment: list equipment, level of experience, and years of experience:

Explain an undesirable working environment:

Write down the steps of making toast:

What are your short term goals:

What are your long term goals:

Where do you see yourself in ten years:

Education

Please include the name and address of each school

High School: _____ Years Attended: _____

Did You Graduate: _____ Subject Matter: _____

College: _____ Years Attended: _____

Did You Graduate: _____ Subject Matter: _____

Trade/Correspondence School: _____ Years Attended: _____

Did You Graduate: _____ Subject Matter: _____

Professional Work References

List the name, address, phone number and professional working relationship you have with each person. Please do not list relatives.

1. _____

2. _____

3. _____

Personal References

List the name, address, and phone number and personal relationship that you have with each person.

- 1. _____

- 2. _____

- 3. _____

Do you have an health related issues that would prevent you from preforming the job your applying for ?

Work Experience

Starting with the most recent, list the last 3 employers

- 1. Job Title: _____ Employer: _____
Address: _____ Phone #: _____
Duties: _____
Average Hours Worked Per Week: _____
Start Date: _____ Finish Date: _____ Starting Salary: _____ Finish Pay: _____
Reason for Leaving: _____
Managers Name: _____ Managers Contact phone# _____
- 2. Job Title: _____ Employer: _____
Address: _____ Phone #: _____
Duties: _____
Average Hours Worked Per Week: _____
Start Date: _____ Finish Date: _____ Starting Salary: _____ Finish Pay: _____
Reason for Leaving: _____
Managers Name: _____ Managers Contact phone# _____
- 3. Job Title: _____ Employer: _____
Address: _____ Phone #: _____
Duties: _____
Average Hours Worked Per Week: _____
Start Date: _____ Finish Date: _____ Starting Salary: _____ Finish Pay: _____
Reason for Leaving: _____
Managers Name: _____ Managers Contact phone# _____

By signing this you certify that all of the completed information is true and can be used to qualify and validate you for employment.

Signature: _____ Date: _____