

Wallace's Superior Outdoor Services

TEAM MEMBER APPLICATION

Applicant Note: This application form is intended for use in evaluating your suitability for "at will" employment. It is not an employment contract. Please answer appropriate questions completely and to the best of your ability. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, age, creed, national origin, disability or any other classification protected by law and such information may be omitted from this form. Additional testing of job-related skills, mental/physical may be required prior to employment.

Please print and fill out completely even if resume is attached: Date: _____

Name: _____
Last First Middle

Other names used: _____
(Other names used, including maiden name)

Home Phone: (____) _____ Day Phone: (____) _____

Address: _____

City/State/Zip: _____

Position applying for: _____ Referred by: _____

Salary Requested: _____ Date available to work: _____

Are you a U.S. citizen?: ____ No ____ Yes; if No, provide Alien # _____

Are you fluent in English? ____ No ____ Yes

Do you have a valid Driver's License? ____ No ____ Yes; if Yes, provide # _____

Have you ever served in an U.S. military branch? ____ No ____ Yes

Dates/Branch: _____

Have you ever been convicted of any crime? ____ No ____ Yes Date: _____

Was any offense a Federal crime? ____ No ____ Yes

(An affirmative answer will not automatically disqualify you from being considered as a candidate for employment.)

Explanation (include county & state of crime) _____

WALLACE'S SUPERIOR OUTDOOR SERVICES
20176 Dix Toledo Road - Brownstown, MI 48183
Phone: (734) 285-4776

EMPLOYMENT DATA

Fill in completely starting with your most recent employer for the past 5 years.

May we contact your present employer? ___ Yes ___ No, why? _____

Name of Employer			
Street Address	City	State	Zip
Telephone Number (including area code)		Supervisor's Name/Position	
Position	Dates Employed		Salary
	From:	To:	Start: End:
Responsibilities			
Reason for leaving			

Name of Employer			
Street Address	City	State	Zip
Telephone Number (including area code)		Supervisor's Name/Position	
Position	Dates Employed		Salary
	From:	To:	Start: End:
Responsibilities			
Reason for leaving			

Name of Employer			
Street Address	City	State	Zip
Telephone Number (including area code)		Supervisor's Name/Position	
Position	Dates Employed		Salary
	From:	To:	Start: End:
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EDUCATIONAL DATA

SCHOOL	NAME CITY STATE	YEARS ATTENDED	DID YOU GRADUATE?	DEGREE EARNED
HIGH SCHOOL				
COLLEGE/ UNIVERSITY				
GRADUATE SCHOOL				
TRADE OR BUSINESS SCHOOL				
OTHER				

PROFESSIONAL REFERENCES

(Professional, peers and work references, not relatives or previously stated supervisor ---at least three)

NAME	OCCUPATION	RELATIONSHIP	PHONE NUMBER
			()
			()
			()

AUTHORIZATION

“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 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 also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.” The employment for which you are applying is “at will”.

Applicant's Signature

Date

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**BACKGROUND INVESTIGATION AUTHORIZATION FORM
(PLEASE READ CAREFULLY BEFORE SIGNING)**

The Fair Credit Reporting Act (1971) requires that we inform you that a background investigation may be conducted as part of our employment screening and selection process. This may include an inquiry to obtain information regarding your character, general reputation, personal characteristics and mode of living. The main objective of the investigation is to verify information you provided on your application or during the interview process. Upon your written request within a reasonable period of time, additional information as to the nature and scope of the report, if one is made, will be provided. In addition, if a report is made, you have the right to request details of the report from the consumer-reporting agency.

The items of information requested below are needed to process your background investigation. They are intended solely for that purpose and will not be used in a discriminatory manner for the making of business decisions.

Date of Birth: _____/_____/_____ (Month, Day, and Year)

Driver's License # _____ State _____

Social Security # _____ / _____ / _____

Other Names Used (Including Maiden Name) _____

Home Addresses for the Past 7 Years: **(FILL IN COMPLETELY)**

Street Address	City	State	Zip Code	County	From Mo./Yr.	To Mo./Yr.
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Have you ever been convicted of a Felony or Misdemeanor? Yes ____ No ____

If Yes, Please explain: _____

What State, What County: _____

Was any offense a Federal crime? Yes ____ No ____

I authorize **Wallace's Superior Outdoor Services** and their agents to investigate my background as it pertains to employment considerations. This may include investigations of employment history, past compensation and performance, personal/professional references, educational history, licenses and information contained in public records including credit, criminal, motor vehicle data and worker's compensation. I release all persons, companies or corporations furnishing such information from liability and responsibility.

Printed Full Name of Applicant _____

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Signature of Applicant _____ Date ____/____/____

Acknowledgement and Authorization To Reduce Wages in the Event of Termination Without Requisite Notice

I, _____, understand and agree that if I accept employment with **WALLACE'S SUPERIOR OUTDOOR SERVICES**, I may voluntarily terminate my employment at any time, with or without notice. However, in the event I decide to terminate my employment, and I fail to give **WALLACE'S SUPERIOR OUTDOOR SERVICES** at least seven (7) days written notice of my intention to terminate my employment, I expressly authorize **WALLACE'S SUPERIOR OUTDOOR SERVICES** to reduce my rate of pay to minimum wage for all accrued wages due to me at the time of my termination.

Dated: _____

Applicant Printed Name

Applicant Signature

Witness

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What do you want in a job?

We want to know what is the most important part of your job and or job experience?

- Please rate in order of importance from first to last, 1 being the most important 7 being the least.
- **Use each number only once.**

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1. Job security \_\_\_\_\_
2. Good working conditions \_\_\_\_\_
3. High Wages \_\_\_\_\_
4. Feeling of being in on things \_\_\_\_\_
5. Interesting work \_\_\_\_\_
6. Promotion \_\_\_\_\_
7. Full appreciation of your work \_\_\_\_\_

What motivates you? What gets you excited to do something?

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