



Thank you for your interest in employment with Schendel Lawn & Landscape. We are always accepting applications, even if a specific position does not have an active job posting. Please complete this application and return to our office at 4100 SW 40th Street in Topeka (41st and Gage) or email it to us at tellus@schendellawn.com. Thank you!



Lawn & Pest Solutions Inc. is the parent company of Schendel Lawn and Landscape and Green Pest Solutions.

Lawn & Pest Solutions Inc. is an equal opportunity employer. All applicants will be considered regardless of race, color, religion, gender, national origin, age, marital or veteran status, medical condition, disability, or any other legally-protected status. Equal access to the hiring process, services, and employment is available to all persons. Applicants requiring accommodations to the application and/or interview process should contact the Managing Partner.

Each question should be answered completely and accurately. **No action will be taken on this application until all questions have been answered and the application has been signed and dated.** Verification of eligibility to work in the U.S. will be required if an employment offer is made.

Name				
Last	First		Middle	
Address				
Street	Apt. #	City	State	Zip Code
Telephone	Current Driv	er's License (if ap	oplicable) Yes	No
Position(s) applied for:				
Have you applied here be	fore? Yes No	If yes, give date	·	
Are you employed now?	es No What	date are you avai	lable for work? _	
Are you available to work:	Full-time Part-	time Shift	t work Te	mporary
What language(s) do you	speak fluently?			
Are you 18 or older? Yes	No			
Have you been convicted Yes No	of a felony or misdemean	or other than mov	ving traffic violation	ons?
If yes, please complete the f	ollowing (a conviction record	l will not necessaril	y be a bar to emplo	yment):
Conviction:	Location:		Date:	
Popult or outcome:				

Lawn & Pest Solutions Inc. is an Equal Opportunity/Affirmative Action Employer.





EDUCATION High School Trade School College/University School Name Diploma/Degree Certificate Received Describe Course of Study

EMPLOYMENT EXPERIENCE

List your past four (4) employers, including military and voluntary service assignments. Start with your present or last job. Attach an additional sheet if necessary.

Employer			Telephone
Address			
Dates Employed:	From	To	_
Salary:	Starting	Final	
Reason for Leavin	g		
	Yes No		
Employer			Telephone
Address			Telephone
Address		Supervisor _	
Address Job Title Dates Employed:		Supervisor _	
Address Job Title Dates Employed: Salary:	From	Supervisor _ To Final	
Address Job Title Dates Employed: Salary: Reason for Leavin	From Starting	Supervisor _ To Final	





Employer		Telephone
Address		
Job Title		Supervisor
Dates Employed:	From	To
Salary:	Starting	Final
Reason for Leavin	g	
Work Performed _		
May we contact?	Yes No	
Employer		Telephone
Address		
Job Title		Supervisor
Dates Employed:	From	To
Salary:	Starting	Final
Reason for Leavin	g	
Work Performed _		
May we contact?	Yes No	
Please summarize	your job-related skills or s	pecialized training:
race, color, religio		jects, and awards. Exclude information that would reveal n, age, marital or veteran status, medical condition, s.



REFERENCES

Give the name and phone number of three (3) business/work references who are not related to you. List at least one of your previous supervisors.

Name	Occupation	Company	Phone Number(s)
Name	Occupation	Company	Phone Number(s)
Name	Occupation	Company	Phone Number(s)
List any additior	nal information you would like	us to consider:	



ACKNOWLEDGMENT

I understand that Lawn & Pest Solutions Inc. is making no employment offer at this time. I certify that the information in this application is correct to the best of my knowledge. I understand that any misrepresentation or omission of any fact in my application, resume, or any other materials, or during interviews is grounds for disqualification from further consideration for employment or for termination if employed.

I authorize Lawn & Pest Solutions Inc. to contact any company, institution, or individual it deems appropriate to investigate my employment history, character, qualifications, credit history, driving record, and other relevant information, if job-related. I give my full consent for all contacted persons including former employers to provide the information concerning this application, and I waive my right to bring any cause of action against these individuals for any and all liability for damages arising from furnishing the requested information to Lawn & Pest Solutions Inc. I acknowledge that a facsimile of this form is as valid as the original.

A company-paid drug test and/or physical examination may be required. I understand that any offer of employment may be withdrawn if I test positive for drugs and/or if a condition is discovered for which no reasonable accommodation can be made.

I understand that this application is current for only 60 days. At the conclusion of this time, if I have not heard from Lawn & Pest Solutions Inc. and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that if I am hired, my employment at Lawn & Pest Solutions Inc. is "at-will" and may be terminated by myself or by Lawn & Pest Solutions Inc. at any time, with or without cause or notice. I understand that no representative of Lawn & Pest Solutions Inc. has the authority to make any assurance to the contrary.

Signature	Date		