

# BIGGY'S EMPLOYMENT QUESTIONNAIRE

DATE: \_\_\_\_\_

## Personal Information

LAST NAME	FIRST NAME	SOCIAL SECURITY NUMBER	DATE OF BIRTH
PRESENT ADDRESS		CITY	STATE ZIP CODE
PERMANENT ADDRESS		CITY	STATE ZIP CODE
PHONE NUMBER(S)		REFERRED BY	
WHAT IS YOUR EDUCATIONAL LEVEL/BACKGROUND?			
DO YOU HAVE A VALID DRIVER'S LICENSE?			
IF YES, PLEASE PROVIDE YOUR DRIVER'S LICENSE NUMBER		STATE	EXPIRATION DATE

## Employment Information

POSITION DESIRED	DATE YOU CAN START	WAGE DESIRED
ARE YOU EMPLOYED?	IF SO, MAY WE CONTACT YOUR CURRENT EMPLOYER?	
DO YOU HAVE DAILY TRANSPORTATION TO OUR SHOP IN COLUMBIA FALLS?		
ARE YOU AVAILABLE FOR WORK MONDAY THRU FRIDAY 7:00 AM TO 6:00 PM?		
CAN YOU EASILY CARRY 50 LBS? _____ IF NO, EXPLAIN:		
DO YOU HAVE ANY PHYSICAL AILMENTS, INCLUDING BACK PROBLEMS, THAT MAY HINDER YOUR ABILITY TO DO HARD PHYSICAL LABOR? _____. IF YES, EXPLAIN:		

## Former Employers (List below last three employers, starting with last one first)

DATES WORKED	EMPLOYER INFORMATION		SALARY/POSITION
FROM	BUSINESS NAME	PHONE NUMBER	SALARY
TO	CITY & STATE	CONTACT	POSITION
FROM	BUSINESS NAME	PHONE NUMBER	SALARY
TO	CITY & STATE	CONTACT	POSITION
FROM	BUSINESS NAME	PHONE NUMBER	SALARY
TO	CITY & STATE	CONTACT	POSITION

**Work Experience**

PLEASE LIST ALL LANDSCAPE INSTALLATION EXPERIENCE:
PLEASE LIST ALL LANDSCAPE MAINTENANCE EXPERIENCE:
PLEASE LIST ALL IRRIGATION INSTALLATION EXPERIENCE:

**Business/Employment References**

BUSINESS and/or NAME	PHONE NUMBER
BUSINESS and/or NAME	PHONE NUMBER
BUSINESS and/or NAME	PHONE NUMBER

**"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"**

**Your Signature:** \_\_\_\_\_