

Nassar Landscaping & Irrigation, Inc.

phone:603-893-5021/fax:603-894-9764

Employment Application

Date: ___/___/___

<i>Name (Last)</i>	<i>(First)</i>	<i>(Middle)</i>	<i>Soc. Sec. #</i>
<i>Address</i>	<i>(Street)</i>	<i>(City)</i>	<i>(State/Zip)</i>
<i>Phone Number</i>	<i>Citizen of U.S?</i> Yes No		

Employment Desired

<i>Position</i>	<i>Date You Can Start</i>	<i>Salary Desired</i>
<i>Have You Ever Applied To This Company Before?</i>	<i>Where?</i>	<i>When?</i>

Answers To The Following Questions Are Required

Can you perform the essential duties of the job in which you wish to be employed, with or without accommodation? Yes No
If no, please describe accommodation requested:

Have you ever been convicted of a crime? Yes No

If yes, give details

Education Completed (Circle One)

High School Associate Degree Bachelor Degree Post Grad Degree

In Case of Emergency, notify

Name Relationship Home Phone Work Phone

This form has been designed to comply with state and federal fair employment practice laws prohibiting discrimination on the basis of an applicant's sex or minority status. Questions directly or indirectly reflecting such status have been included only where needed to determine a bonafide occupational qualification or for other permissible purposes. Such questions are appropriately noted on the application.

Note: Nassar Landscaping & Irrigation, Inc. reserves the option to terminate employment with or without cause and with or without notice at any time.

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Education

	<i>Elementary School</i>	<i>High School</i>	<i>Undergraduate College/University</i>	<i>Graduate/Professional</i>
<i>School Name and Location</i>				
<i>Years Completed</i>	<i>4 5 6 7 8</i>	<i>9 10 11 12</i>	<i>1 2 3 4</i>	<i>1 2 3 4</i>
<i>Describe Course of Study</i>				
<i>Describe any specialized training, apprenticeship, skills and extra-curricular activities</i>				
<i>Describe any honors you have received</i>				
<i>State any additional information you feel may be helpful to us in considering your application</i>				

Indicate any foreign languages you speak, read and/or write

	<i>Fluent</i>	<i>Good</i>	<i>Fair</i>
<i>Speak</i>			
<i>Read</i>			
<i>Write</i>			

*List professional, trade, business or civic activities and offices held.
(You may exclude membership which would reveal sex, race, religion, age or other protected status)*

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References

Give name, address and telephone number of 3 references who are not related to you and are not previous employers.

1. _____
2. _____
3. _____

Have you ever had any job-related training in the United States Military? Yes No
If yes, please describe _____

Medical History

<i>Have you had or do you have any of the following?</i>	Yes	No
<i>Abdominal pain</i>		
<i>Acquired Immune Deficiency Syndrome (AIDS)</i>		
<i>Alcoholism</i>		
<i>Allergies (If yes, list)</i>		
<i>Arthritis</i>		
<i>Asthma</i>		
<i>Back injury</i>		
<i>Bone, joint or other deformity</i>		
<i>Chest or lung disease</i>		
<i>Chronic back trouble</i>		
<i>Chronic cough</i>		
<i>Depression</i>		
<i>Diabetes</i>		
<i>Dizziness or unconsciousness</i>		
<i>Drug or narcotic addiction</i>		
<i>Epilepsy or convulsions</i>		
<i>Family history of diabetes</i>		
<i>Hearing impairment</i>		
<i>High or low blood pressure</i>		
<i>Kidney disease or hepatitis</i>		
<i>Kidney stone or blood in urine</i>		
<i>Loss of memory</i>		
<i>Marked increase or decrease in weight</i>		
<i>Pain or pressure in chest</i>		
<i>Palpitation or heart disease</i>		
<i>Pleurisy</i>		
<i>Pneumonia</i>		
<i>Rheumatic fever</i>		
<i>Severe eye, ear, nose or throat trouble</i>		
<i>Shortness of breath</i>		
<i>Stomach, liver or intestinal trouble</i>		
<i>Tumor, growth, cyst or cancer</i>		
<i>Tuberculosis</i>		

Have you had illness other than those listed? Yes _____ No _____

If yes, give details _____

Have you been under a doctor's care within the past 5 years? Yes _____ No _____

If yes, give details _____

Have you ever been hospitalized? Yes _____ No _____

If yes, give details including hospital and reason _____

Medical History (Continued)

Have you ever been rejected for Life Insurance, Military Service or Employment?

Yes _____ No _____

If yes, give details _____

Are you receiving or have you received Workman's Compensation as a result of injury or illness?

Yes _____ No _____

If yes, give details _____

Affidavit

I declare each of the above answers given to be complete and true to the best of my knowledge and I am aware that any misrepresentation or omission may be cause for dismissal. Also, I waive any provisor of law forbidding any physician who has attended me or hospital where I hereby authorize them to make such disclosures as the Company may request.

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

Signature of Applicant

Date