



## WFL TURF SERVICES, INC.

1175 WEST DETROIT BLVD. | PENSACOLA, FL 32534-1809  
PH: (850) 476-0451 | FX: (850) 478-5329  
service@WFLturf.com | www.WFLturf.com

### EMPLOYMENT REQUIRMENTS

1. Must be at least 18 years of age.
2. **MUST** have a **VALID** (*not suspended*) Driver's License with a **good** driving record.  
(Do not bother completing application if you do not currently meet this requirement)
3. Must prove **drug free** through Pre-Employment screening.
4. Must be self-motivated and able to work well with others.
5. Able to work 8+ hours outdoors and able to lift/carry up to 50 pounds for short periods of time.
6. High school diploma or equivalent.
7. Experience preferred, but not required.

I, \_\_\_\_\_ have read and meet all requirements as well as understand that my application will not be considered unless all required information is completed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<p><b>OFFICE USE ONLY:</b></p> <p>1<sup>st</sup> INTERVIEW: _____</p> <p>2<sup>nd</sup> INTERVIEW: _____</p> <p>START DATE: _____ PAY: _____</p> <p>EMPLOYEE #: _____</p> <p>MVR CHECK: <input type="checkbox"/> approved <input type="checkbox"/> denied</p> <p>BACKGROUND CHECK: _____</p> <p style="text-align: center;"><input type="checkbox"/> approved <input type="checkbox"/> denied</p>	<p><b>OFFICE NOTES:</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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## EMPLOYMENT APPLICATION

**PERSONAL INFORMATION**— *Fields marked with \* are required.*

Name*:				Date of Birth*:	
Legal First	Middle	Last	Suffix		
Nickname:			DL#*:		
Address*:				State Licensed In*:	
City, State & Zip*:					
E-mail Address:					
Cell Number:			Phone Number*:		
Position Applied for:					
Date Available:			Salary Desired:		

**EDUCATION**—\*

High School	Graduate? <input type="checkbox"/> Y or <input type="checkbox"/> N Year: _____
Major / Area of Study / Degree	GPA: _____
	<b>GED:</b> <input type="checkbox"/> Y <input type="checkbox"/> N or <input type="checkbox"/> n/a Year: _____
Vocational/Tech	Graduate? <input type="checkbox"/> Y or <input type="checkbox"/> N Year: _____
Major / Area of Study / Degree	Graduate? <input type="checkbox"/> Y or <input type="checkbox"/> N Year: _____
College	GPA: _____
Major / Area of Study / Degree	
<b>Special Achievements:</b> _____	

**EXPERIENCE**—

Machinery/Equipment/Other: _____

**MEDICAL**—\*

Do you have any medical conditions which might interfere with the ability to do your job? If so, please explain:
Smoker <input type="checkbox"/> Y or <input type="checkbox"/> N
Are you currently taking medication for any medical condition? If so, please explain:

**RECORD—\***

Have you ever been convicted of a crime?  Y or  N If so, please explain:

**EMPLOYMENT HISTORY—** beginning with your most recent/current *(must complete even if attaching resume)*

Employer: _____	Dates: _____
Address: _____	Position: _____
City, State & Zip: _____	
Contact: _____	Phone Number: _____
Reason for Leaving: _____	Wage: _____

Employer: _____	Dates: _____
Address: _____	Position: _____
City, State & Zip: _____	
Contact: _____	Phone Number: _____
Reason for Leaving: _____	Wage: _____

Employer: _____	Dates: _____
Address: _____	Position: _____
City, State & Zip: _____	
Contact: _____	Phone Number: _____
Reason for Leaving: _____	Wage: _____

Employer: _____	Dates: _____
Address: _____	Position: _____
City, State & Zip: _____	
Contact: _____	Phone Number: _____
Reason for Leaving: _____	Wage: _____

**PROFESSIONAL REFERENCES—\***

Name	Relationship:	Telephone:	Years Known:
Name	Relationship:	Telephone:	Years Known:
Name	Relationship:	Telephone:	Years Known:

**ADDITIONAL INFORMATION—Learned of this Position:**

Website: _____ Website URL	Walk-in: _____
Personal Referral by: _____ Persons name	Social Media: _____ name
Ad Appearing in: _____ Name of publication	Other: _____ Please list

**Name of Friend/Relative Employed with WFL:** \_\_\_\_\_

If you are eligible for health insurance, are you interested?  Y or  N

**EMERGENCY CONTACT INFORMATION—\***

1. \_\_\_\_\_  
Name Relationship Phone Number

2. \_\_\_\_\_  
Name Relationship Phone Number

I, \_\_\_\_\_ hereby certify that the information contained in this application and in any provided attachments is true and correct to the best of my knowledge and agree to have any of the statements checked by the organization unless I have thus indicate to the contrary. I authorize the references listed to and provide any information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to the company as well as from the use or disclosure of such information by the organization or any of its agents, employees, or representatives. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer or, if I am hired, in my dismissal from employment.

Applicants Signature\*: \_\_\_\_\_ Date: \_\_\_\_\_

Interviewers Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Special Notes:*

\_\_\_\_\_  
\_\_\_\_\_