

# Yard Chief Yard Care, Inc.

## Application for Employment



Submit your completed application to:

Yard Chief Yard Care, Inc.  
1425 N Spar Ave #2 □ Anchorage, AK 99501  
Phone (907) 337-3355 □ Fax (907) 337-3398  
□ Email [yardchief@pobox.alaska.net](mailto:yardchief@pobox.alaska.net)

1. First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

2. Position Applied for: \_\_\_\_\_

3. Social Security No. \_\_\_\_\_ 4. Valid Drivers License  Yes  No

5. Business Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ 6. Are you under 18?  Yes  No

7. Address \_\_\_\_\_  
City State Zip

8. Employment Eligibility: Do you have a legal right to accept employment in the United States?  Yes  No

9. Other Names; Name(s) under which previously employed: \_\_\_\_\_

10. Convictions: Have you ever been convicted of a felony?  Yes  No (If yes) Year of Conviction \_\_\_\_\_  
Have you been convicted of a misdemeanor within the past five years?  Yes  No (If yes) Year of Conviction \_\_\_\_\_

**If yes to one or both of the above questions, you must attach an explanation, even if you received a suspended imposition of sentence.**

11. Type of Employment Desired:  Full-time  Part-time  
Would consider relocating?  Yes  No If yes where? \_\_\_\_\_

12. I learned of the job from: \_\_\_\_\_

Are you related to any Yard Chief Yard Care employee?  Yes  No If yes who? \_\_\_\_\_

**EEO Policy:** Yard Chief Yard Care maintains a policy of non-discrimination for all employees and applicants in every facet of the company's operations. In compliance with federal and state laws, Yard Chief Yard Care hires, trains, and promotes all qualified employees without regard to race, color, gender, age, religion, culture, ethnicity, marital or parental status citizenship, national origin, physical or mental disability or veteran's status.

**13. CERTIFICATION--IMPORTANT--PLEASE READ BEFORE SIGNING**

I understand that this application is not a contract and that acceptance of employment is not a contract of employment for a specified period of time. I understand and agree that I may resign my employment with Yard Chief Yard Care for any reason and that my employment may be terminated at the will of Yard Chief Yard Care at any time and for any reason. I also understand that any handbooks, manuals, policies and procedures maintained by Yard Chief Yard Care are not contractual in nature and may be amended or abolished at the sole discretion of Yard Chief Yard Care.

Should I become an employee of Yard Chief Yard Care, I will adhere to the Corporation's policies and procedures and will conduct the Company's business in a strictly ethical and legal manner. I also agree that since employees may have access to confidential information, I will be required to abide by Yard Chief Yard Care policy on Confidentiality of Business Information as a condition of my employment.

I also understand that, pursuant to the Immigration Reform and Control Act, Yard Chief Yard Care may only employ those individuals who are eligible to work in the United States. Accordingly, I understand that upon being hired I will be required to demonstrate my eligibility to work in the United States. I further understand that my failure to do so will result in termination or revocation of an offer of employment.

I certify that the information furnished on this application and any supporting documents is true and complete to the best of my knowledge and belief and that any misrepresentation or omission of fact on this or any other record submitted pertinent to employment will constitute grounds for dismissal. I also understand that consideration for employment in this position is contingent upon the results of a reference and background check. I therefore authorize this company to investigate all statements made on my application for employment. I further authorize the company to contact my former employer(s) and any listed references or other persons or agencies who can verify information, and I give my consent for former employer(s) and other contacted persons to respond to questions pertaining to information on this application. Further, I release from liability such former employer(s) or other persons contacted by and providing information to the company.

I also certify that I have read, understand and will adhere to the aforementioned statements.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**If not signed, this application will be rejected.**

**EMPLOYMENT RECORD:** Start with present or most recent, list all previous employers. Include self-employment, summer and part-time jobs. If more space is required, please continue on a separate sheet. You may attach a resume, but complete this application as well.

| Dates Worked                                  | Hrs Week | Starting Pay    | Ending Pay                  | Job Classification/Title |
|---|----------|-----------------|-----------------------------|--------------------------|
| Last or Present Employer                      |          |                 | Duties and Responsibilities |                          |
| Street Address                                |          | City, State Zip |                             |                          |
| Supervisor's Name                             |          | Telephone       |                             |                          |
| Reason for Leaving                            |          |                 |                             |                          |
| May we contact this employer for a reference? |          |                 |                             |                          |
| Dates Worked                                  | Hrs Week | Starting Pay    | Ending Pay                  | Job Classification/Title |
| Last or Present Employer                      |          |                 | Duties and Responsibilities |                          |
| Street Address                                |          | City, State Zip |                             |                          |
| Supervisor's Name                             |          | Telephone       |                             |                          |
| Reason for Leaving                            |          |                 |                             |                          |
| May we contact this employer for a reference? |          |                 |                             |                          |
| Dates Worked                                  | Hrs Week | Starting Pay    | Ending Pay                  | Job Classification/Title |
| Last or Present Employer                      |          |                 | Duties and Responsibilities |                          |
| Street Address                                |          | City, State Zip |                             |                          |
| Supervisor's Name                             |          | Telephone       |                             |                          |
| Reason for Leaving                            |          |                 |                             |                          |
| May we contact this employer for a reference? |          |                 |                             |                          |

