



Avant Gardening & Landscaping

3055 Siggelkow Rd.
McFarland, WI 53558

608.838.2054
avant@avantgardening.com

Application for Employment

Date of Application

(Please Print Clearly)

Last Name	First Name	Middle Initial
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Home Address

City	State	Zip
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Phone Number	Email Address
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What is your desired wage? _____/hr

What date are you able to begin working? _____

Are you currently employed?

Yes ☐

No ☐

Have you ever applied to work at Avant before?

Yes ☐

No ☐

Can you provide proof of your eligibility to work?

Yes ☐

No ☐

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

References

Name	Company
Phone number	How do you know this person?

Name	Company
Phone number	How do you know this person?

Name	Company
Phone number	How do you know this person?

Applicant's Certification

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand that I am required to abide by all rules and regulation of the Employer.

Applicant's Signature

Date

Employment Experience

Employer	Position	
City	State	Phone Number
Dates Employed		
Work Performed		

Employer	Position	
City	State	Phone Number
Dates Employed		
Work Performed		

Employer	Position	
City	State	Phone Number
Dates Employed		
Work Performed		