

ICON AG & TURF EMPLOYMENT APPLICATION FORM

Instructions

Please answer each question fully and accurately. No action can be taken on this application unless all questions have been answered. All information you give on this application will be held in strict confidence. The form can be edited to make more room as needed.

Personal Data

\_\_\_\_\_  
Last name First name Middle name

\_\_\_\_\_  
Telephone Number Home Mobile

\_\_\_\_\_  
Street Address City State Zip

\_\_\_\_\_  
Job applied for Today's date

Are you seeking: Full-time Part-time Temporary employment?

Are you between 18 and 70 years of age?

Date of Birth \_\_\_\_\_ (for jobs with minimum age requirements)

If you are applying for a job with minimum age requirements, you may be required to submit proof of age.

Social security number \_\_\_\_\_

Are you a citizen of the United States or do you have a valid work permit?

Military

Military Status: Active duty service from \_\_\_\_\_ to \_\_\_\_\_

Branch of service \_\_\_\_\_

Service duties \_\_\_\_\_

Are you a member of a reserve organization? \_\_\_\_\_

Were you ever employed by this company? If so, when? \_\_\_\_\_

Have you ever applied to this company before? If so, when? \_\_\_\_\_

Have you ever been convicted of any violation of the law (except a minor traffic violation)?  
If yes, give particulars \_\_\_\_\_

Have you missed any work during the past six months?  
If yes, how much? \_\_\_\_\_

Are you now or do you expect to be engaged in any other business or employment?  
If yes, explain \_\_\_\_\_

For driving jobs only: Do you have a valid drivers license?  
Driver's license number \_\_\_\_\_

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Education

Name, address and location of High School: \_\_\_\_\_

Highest grade completed \_\_\_\_\_ Did you graduate? \_\_\_\_\_ Date of leaving \_\_\_\_\_

College or University: \_\_\_\_\_

Highest grade completed \_\_\_\_\_ Did you graduate? \_\_\_\_\_ Date of leaving \_\_\_\_\_

College major: \_\_\_\_\_

Highest grade completed \_\_\_\_\_ Did you graduate? \_\_\_\_\_ Date of leaving \_\_\_\_\_

Additional education and/or vocational or technical training information:

Name, address and location of school \_\_\_\_\_

Courses Taken \_\_\_\_\_

Courses Completed \_\_\_\_\_

Date of Leaving \_\_\_\_\_

Health

Do you have any physical limitations that would adversely affect performance of the job for which you are applying?

If yes, explain \_\_\_\_\_

Would you take a physical examination if required? \_\_\_\_\_

References

Give three references (not relatives)

| Name     | Address | Telephone | Company |
|----------|---------|-----------|---------|
| 1. _____ | _____   | _____     | _____   |
| 2. _____ | _____   | _____     | _____   |
| 3. _____ | _____   | _____     | _____   |

Work History

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give company name and supply business references.

| Name of Employer        | Address       | City | State     | Zip       |
|-------------------------|---------------|------|-----------|-----------|
| Telephone Number        | Employed from | to   | Start Pay | Final Pay |
| Title                   | _____         |      |           |           |
| Duties                  | _____         |      |           |           |
| Reason for Leaving      | _____         |      |           |           |
| Name of Last Supervisor | _____         |      |           |           |

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|                         |               |      |           |           |
|-------------------------|---------------|------|-----------|-----------|
| Name of Employer        | Address       | City | State     | Zip       |
| Telephone Number        | Employed from | to   | Start Pay | Final Pay |
| Title                   | _____         |      |           |           |
| Duties                  | _____         |      |           |           |
| Reason for Leaving      | _____         |      |           |           |
| Name of Last Supervisor | _____         |      |           |           |

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|-------------------------|---------------|------|-----------|-----------|
| Name of Employer        | Address       | City | State     | Zip       |
| Telephone Number        | Employed from | to   | Start Pay | Final Pay |
| Title                   | _____         |      |           |           |
| Duties                  | _____         |      |           |           |
| Reason for Leaving      | _____         |      |           |           |
| Name of Last Supervisor | _____         |      |           |           |

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Is any additional information relative to change of name, use of assumed name, or nickname necessary to enable us to check your work record?  
Are you currently employed?  
If yes, may we contact your present employer?

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