



APPLICATION FOR SERVICE - Supplemental Information for Work Program

PLEASE NOTE: We are dedicated to protecting the privacy of every individual we serve.
All information provided is considered personal and confidential.

Name: _____

LAWN MAINTENANCE											
Please check all that apply.											
Do you have experience cutting grass?										YES	NO
With a power mower			YES	NO	Other	Explain:					
Do you have experience trimming?										YES	NO
Gas powered trimmer			YES	NO	Sidewalks/driveways		YES	NO	↓ Other – Explain Below		
Sheers-Hedge Trimmer	YES	NO	Around trees/shrubs		YES	NO	Other				
Do you have experience with yard clean up?										YES	NO
Raking leaves	YES	NO	Cleaning up sticks/brush		YES	NO	Other – Explain				
SNOW REMOVAL											
Please check all that apply.											
Do you have experience shoveling snow?										YES	NO
With a shovel (manually)			YES	NO	Other	Explain:					
MOVING											
Please check all that apply.											
Do you have experience moving furniture?										YES	NO
Have you moved furniture up or down stairs?	YES	NO	Are you able to lift heavy objects?		YES	NO	Other		Explain:		
ASSEMBLY WORK											
Do you have experience on an assembly line?										YES	NO
If yes, please describe.											

GENERAL

Do you have any restrictions with lifting? If yes, please indicate your restrictions.	YES	NO
Do you have any restrictions with standing? If yes, please indicate your restrictions.	YES	NO
Do you have any restrictions with sitting? If yes, please indicate your restrictions.	YES	NO
When are you most productive with respect to working? Please explain.	Morning	Afternoon
Is there anything we should know that would help us when scheduling work for you? Please explain.		

Date Received:	Received by:
Date Reviewed:	Reviewed by:
Follow up:	Interview:
Additional Information Required:	Result: (please explain)
Reviewed by Executive Director:	Date & Initial: