



APPLICATION FOR EMPLOYMENT

PLEASE ANSWER ALL QUESTIONS. RESUMES ARE NOT A SUBSTITUTE FOR A COMPLETED APPLICATION

We are an equal opportunity employer. Applicants are considered for positions without regard to veteran status, uniformed service member status, race, color, religion, sex, national origin, age, physical or mental disability, genetic information or any other category protected by applicable federal, state, or local laws.

THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY MAY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON WITH OR WITHOUT CAUSE OR NOTICE.

Position Applied For: _____ Name: _____

Telephone Number: () _____ - _____ Alternate/Cell Number: () _____ - _____

Permanent Address: _____
Street, Apartment, or Unit Number

_____ City _____ State _____ Zip

How long have you lived there _____(Years/months) Email Address _____

Desired Salary/Hourly Rate: _____

If Under 18, can you produce the necessary work certificate at the time of employment? Yes NO

Do you currently possess a driver's license? If so, please provide State of issue and License Number: Yes No

State: _____ Driver's License Number: _____

Type of Employment desired? Full-Time Part time

Are you willing to work overtime Yes No Date on which you can start work if hired? _____

Have you previously applied for employment with this company? Yes No

If Yes, when did you apply: _____

Have you ever been employed by the Company? Yes No

If Yes, Provide employment dates, location, and reason for separation from employment.

If applicable, below list any other names by which you have been known which may be necessary to allow us to confirm your work or educational record. For example, change of name, use of an assumed name, nickname etc.

Education	School Name and Location (Address, City, State)	Course of Study	Graduate? Y or N	# of Years Completed	Degree/Major
High School					
College					
Bus./Tech./Trade or Post College					

Honors Received _____

WORK EXPERIENCE

Please list the names of your present and/or previous employers in chronological order with present or most recent employer listed first. Provide information for at least the most recent 3 year period. Attach additional sheets if needed. If Self-employed, supply firm name and business references. Your failure to completely respond to each inquiry may disqualify you for consideration from employment. (Do not answer "see Resume")

Employer

 Name _____ Address _____ Type of Business _____
 Telephone (____) _____ Dates Employed From _____ To _____
 Job Title _____ Duties _____
 Supervisor's Name _____ May we contact? Yes No If No, why not? _____

Wages Start _____ Final _____ Reason for Leaving? _____
 What will this employer say was the reason your employment was terminated? _____

How Much Notice did you give when resigning? If none, explain. _____

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Wages Start _____ Final _____ Reason for Leaving? _____
 What will this employer say was the reason your employment was terminated? _____

How Much Notice did you give when resigning? If none, explain. _____

Have you ever been terminated or asked to resign from any job? Yes No If Yes, How many times? _____

Has your employment ever been terminated by mutual agreement? Yes No If Yes, How many times? _____

Have you ever been given the choice to resign rather than be terminated? Yes No If Yes, How many times? _____

If you answered yes to any of the above questions, please explain the circumstances of each occasion.

Equipment Usage Checklist

Please check off any and or all the equipment listed below that you can operate proficiently. **(This means that you have a working knowledge of how, where, and when this equipment is to be used. You have full knowledge of the process of using this equipment in the safest manner possible. You are aware of items such as fuel types, how to start, shut down, operate and re-string machines with little or no assistance.)**

	Hand Tools	How long?		Small Equipment	How long?		Large Equipment	How long?
<input type="checkbox"/>	Digging/Trenching/Flat Shovels		<input type="checkbox"/>	Backpack Blower		<input type="checkbox"/>	Compactors	
<input type="checkbox"/>	Steel Rake/Grading Rake		<input type="checkbox"/>	Laser Transit		<input type="checkbox"/>	Table mason saw	
<input type="checkbox"/>	Broom		<input type="checkbox"/>	Jumping jack		<input type="checkbox"/>	Large and Small Loader	
<input type="checkbox"/>	Pickaxe/Axe/Loppers		<input type="checkbox"/>	Gas powered mason saw		<input type="checkbox"/>	(Track) Skid Steer	
<input type="checkbox"/>	Irrigation Head Adjustment tool		<input type="checkbox"/>	Air compressor		<input type="checkbox"/>	(Wheeled) Skid Steer	
<input type="checkbox"/>	level		<input type="checkbox"/>	Side walk edger		<input type="checkbox"/>	Mini Excavator	
<input type="checkbox"/>	Hand tamp		<input type="checkbox"/>	Push Blowers		<input type="checkbox"/>	Large Excavator	
<input type="checkbox"/>	Sledge hammer (large and small)		<input type="checkbox"/>	Weed Whackers		<input type="checkbox"/>	Bull Dozer	
<input type="checkbox"/>	Screed Tool		<input type="checkbox"/>	Riding zero turn mowers		<input type="checkbox"/>	Maxi Sneaker	
<input type="checkbox"/>	Paver Grabbers		<input type="checkbox"/>	Walk behind Mowers		<input type="checkbox"/>	Leaf Sucker	
<input type="checkbox"/>	Landscape rake		<input type="checkbox"/>	21" Mowers		<input type="checkbox"/>	Front mounted Plows	
<input type="checkbox"/>	Leaf rake		<input type="checkbox"/>	Hedge Trimmers		<input type="checkbox"/>	Rear mounted Plows	
<input type="checkbox"/>	Pitchfork		<input type="checkbox"/>	Snow Blower		<input type="checkbox"/>	Sanders	
<input type="checkbox"/>	Stick Edger		<input type="checkbox"/>			<input type="checkbox"/>	Bark Blower	
<input type="checkbox"/>	Liquid sprayer		<input type="checkbox"/>			<input type="checkbox"/>	Street Sweeper	
<input type="checkbox"/>	Pellet spreader		<input type="checkbox"/>			<input type="checkbox"/>	Jack Hammers	
<input type="checkbox"/>	Snow Shovel		<input type="checkbox"/>			<input type="checkbox"/>		
<input type="checkbox"/>	Mulch Shovel		<input type="checkbox"/>			<input type="checkbox"/>		
<input type="checkbox"/>	Fertilizer Spreader		<input type="checkbox"/>			<input type="checkbox"/>		
<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>		

Vehicle Operation:

- F-350 or Similar Dump Straight Body open trailer enclosed No Trailer
- F-550 or Similar Dump Straight Body open trailer enclosed No Trailer
- Strapping down of equipment
- Other

Please Describe: _____

Briefly Describe Your experience in the following divisions:

Lawn Mowing: (include length of time, your responsibilities ect.)

Mulching: (include length of time, your responsibilities ect.)

Lawn Installation: (include length of time, your responsibilities ect.)

Hardscapes: (include length of time, your responsibilities ect.)

Lighting: (include length of time, your responsibilities ect.)

Irrigation: (include length of time, your responsibilities ect.)

Water Features: (include length of time, your responsibilities ect.)

Plant Installation: (include length of time, your responsibilities ect.)

Lawn Fertilization: (include length of time, your responsibilities ect.)

Weed Control: (include length of time, your responsibilities ect.)

Ornamental Tree and Shrub Pruning:

REFERENCES

Please list the names of additional work-related references we may contact. Individuals with no prior work experience may list school or volunteer related references.

Name	Position	Company	Work Relationship (Supervisor, Co-Worker)	Telephone

Please list the names of personal references (Not previous employers or relatives) who know you well that we may contact.

Name	Occupation	Telephone	# of years known

APPLICATION CERTIFICATION

I understand and agree that if driving is a requirement for the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver license for the state in which I reside and automobile liability insurance in an amount equal to the minimum required by the state where I reside.

I understand that the Company may have, or may establish, a drug-free workplace and or/ alcohol testing program consistent with applicable federal, state, and local law. If the Company has such a program and I am offered a conditional offer of employment, I understand that if pre-employment (post offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with federal, state, and local laws. I also understand that all employees of the location, pursuant of the Company’s policy and federal, state and local law, may be subject to urinalysis and/or blood screening or other medical recognized tests designed to detect the presence of alcohol or illegal or controlled drugs. If employed, I understand that the taking of alcohol and/drug tests is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with the Company’s policies and acceptable federal, state, local law.

If employed by the Company, I understand and agree that the Company, to the extent permitted by federal, state and local law, may exercise its right, without warning or notice, to conduct investigations of property (including, but not limited to, files, lockers, desks, vehicles, and computers) and, in certain circumstances my personal property.

I understand and agree that as a condition of employment and to the extent permitted by federal, state and local law, I may be required to sign a confidentiality, restrictive covenant, and/or conflict of interest statement.

I certify that all information on this application, my resume, or any supporting documents I may present during any interview is and will be complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including dismissal.

THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE. NOTHING IN THIS APPLICATION OR IN ANY DOCUMENT OR STATEMENT, WRITTEN OR ORAL, SHALL LIMIT THE RIGHT TO TERMINATE EMPLOYMENT AT-WILL. NO OFFICER, EMPLOYEE OR REPRESENTATIVE OF THE COMPANY IS AUTHORIZED TO ENTER INTO AN AGREEMENT – EXPRESS OR IMPLIED – WITH ME OR ANY APPLICANT FOR EMPLOYMENT FOR A SPECIFIED PERIOD OF TIME UNLESS SUCH AGREEMENT IS IN A WRITTEN CONTRACT SIGNED BY THE PRESIDENT OF THE COMPANY.

IF HIRED, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF THE COMPANY, AND I UNDERSTAND THAT THE COMPANY HAS COMPLETE DISCRETION TO MODIFY SUCH RULES AND REGULATION AT ANY TIME, EXCEPT THAT IT WILL NOT MODIFY ITS POLICY OF EMPLOYMENT AT-WILL.

I authorize the company or its agents to confirm all statements contained in this application and/or resume as it relates to the position I am seeking to the extent permitted by federal, state and local laws. I agree to complete any requisite authorization forms for the background investigation which may be permitted by federal, state and local law. If applicable and allowed by law, I will receive a separate written notification regarding the Company's intent to receive "consumer reports."

I authorize and consent to, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. I hereby release, discharge, and hold harmless, to the extent permitted by federal, state and local law, any party delivering information to the Company or its duly authorized representative pursuant to this authorization for any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability the Company and its representative for seeking such information and all other corporations, persons or organizations furnishing such information. Further, if hired, I authorize the company to provide truthful information concerning my employment to future employers and hold the company harmless for providing such information.

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF SIXTEY (60) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYEMENT AFTER THAT TIME YOU MUST RE-APPLY.

I CERTIFY THAT ALL THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, ACCURATE AND COMPLETE.

DO NOT SIGN UNTIL YOU HAVE READ ALL THE INFORMATION CONTAINED IN THE APPLICATION

Applicant Signature _____ Date _____

If the applicant is a minor, the foregoing release and consent must be signed by the applicant's parent or legal guardian. Signature by the applicant's parent or legal guardian constitutes acknowledgment by the applicant and the parent or legal guardian that the Company, to the extent permitted by federal, state and local law, can test the applicant for illegal or controlled substances, conduct inspections of property without notice, and communicate those test results to Company personnel who need to know, the applicant, and the applicant's legal guardian.

Parent/Legal Guardian

Witness

Date

Date