



Application for Employment for Landscaping

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

Personal Information:

Name: _____
Last First Middle

Social Security Number: _____

Present Address: _____
Street

City State Zip Code

Phone Number: _____

Email Address: _____

Date of Birth: _____

Driver's License Number: _____
State Exp. Date

Military Status: _____

Have you been convicted of a criminal offense, including all traffic violations within the last 10 years? _____

If you are not a citizen of the United States, please indicate your authorization to be employed:



Employment Desired:

Position you are seeking? _____

Are you seeking full or part-time employment? _____

Are you currently employed? _____

Available start date: _____

Pay desired: _____

Please list any skills, experience, or qualifications related to the position you are applying for:
(laborer, leadership, operator, etc.) _____

Do you have an interest in obtaining a Commercial Driver's License or an applicant license?

Please check if you have experience with the following:

Front loader	Backhoe	Rubber track loader
Skid steer	Air break dump truck	+10,000 lb. trailers
Mulch blower truck	Walk behind mower	Zero turn mower
Backpack blower	Forklift	Articulate mower
Gas powered trimmers	Chainsaw	

Do you have any physical limitations that may hinder your performance in the position applied for? _____



Previous/Current Employment:

Date, Month, Year	Name & Address of Employer	Salary	Position/ Responsibilities	Reason for Leaving
From: To:				
From: To:				
From: To:				

May we contact your previous employer? Yes No

Education History:

Level	Name & Location of School	Subject Studied	# of Years Attended	Graduation Date	Degree Obtained
High School					
College					
Trade, Business, Professional School					



Personal References:

Please list three persons not related to you, whom you have known for at least one year:

Name	Address	Phone Number	Relationship/Years Known
1.			
2.			
3.			

In case of emergency, who should we notify?

Name: _____
Last First

Phone Number: _____

Address: _____
Street State Zip

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without previous notice.

Signature: _____ Date: _____