

Professional Landscaping Services is an equal opportunity employer and does not discriminate against qualified applicants based on race, color, religion, ancestry, age, gender, national origin, disability or handicap, veteran status, or any other status protected by applicable federal or state laws.

Directions: Please print. Incomplete applications will not be considered for hire.

Personal	First Name	Middle Name	Last Name
Address	City	State	Zip
Telephone Number	Message Phone	Email Address	
Position(s) Applied For	How were you referred to Professional Landscaping? Advertisement _____ Friend (name) _____ Walk-in _____ Other _____		

General Information	Date available for work: _____ Availability: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal		
Are you 18 years of age or can you provide proof of your eligibility to work?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever filled out an application with Professional Landscaping before? If yes, please give date: _____		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been employed with Professional Landscaping before? If yes, please give date: _____		<input type="checkbox"/> Yes	<input type="checkbox"/> No
For purposes of compliance with the Immigration Reform and Control Act, are you legally eligible to work in the United States? <i>Under the Immigration Reform and Control Act of 1986, should you be employed you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity and provide documentation to that effect.</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of, or pled guilty or no contest to a crime? If yes, explain number of convictions, nature of offense leading to each conviction, when each offense occurred, and sentence imposed or type of rehabilitation. This information will not necessarily disqualify you from employment, but false or misleading information will.		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Work History If you need additional space, please attach a sheet of paper.		Starting with your present or most recent job, describe all paid, military and applicable voluntary experience. Highlight your qualifications for this position; including experience in landscaping, grounds maintenance, irrigation, fertilization, snow removal and previous equipment operated.				
Office: computer software, payroll/accounts payable or receivable, office equipment						
Employer		Dates Employed		Base Pay		Reason for Leaving
		From	To	Start	Final	
Address						
Telephone Number(s)		Job Title		Supervisor		
Work Performed (List the jobs you held, duties performed, skills used, advancements or promotions while you worked at this Company.)						

Employer		Dates Employed		Base Pay		Reason for Leaving
		From	To	Start	Final	
Address						
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Education	High School	Technical School or Junior College	College	Other
School Name and Location				
Years Completed (circle highest level completed)	9 10 11 12	1 2	1 2 3 4	1 2 3 4
Diploma / Degree	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Major Course(s) of Study				

U.S. Military Service	<p>What was your rank when you were discharged? Please list honors or recognition you received:</p>
<p>Have you ever had any job-related training in the United States military? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe training/ experience received:</p>	

References		
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
May we contact your present employer for references?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Name & Occupation	Telephone	Relationship
Name & Occupation	Telephone	Relationship
Name & Occupation	Telephone	Relationship
Special Trade or Community Roles:	List trade or community activities and offices held, which added to your qualifications for this job. You may exclude memberships that may reveal gender, race, religion, national origin, age, disability or other protected status.	

Notification and Agreement

Please read before signing.

I certify that the answers given herein are true, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of fact on this application (or any other accompanying or required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.

It is the policy of Professional Landscaping to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, gender, national origin, marital status, or pregnancy; and to afford equal opportunities to disabled veterans, veterans of the Vietnam era; individuals with a disability, and any other characteristic protected by Federal or State law.

By signing below, I authorize you to communicate with persons listed as references, former employers, and any others with whom you desire to check, as may be necessary in making an employment decision. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation.

If hired, I agree to abide by all of Professional Landscaping rules and regulations, and understand that, if employed, my employment is "at will" which means it may be terminated with or without cause, and with or without notice, at the option of either Professional Landscaping or myself. I further understand that no verbal or written agreement by any representative of Professional Landscaping, at any time, can constitute a contract of employment, other than a document signed by the President.

I understand that if offered a position with Professional Landscaping, I may be required to submit to a pre-employment drug screening and a Department of Motor Vehicle background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I understand this application will be considered current for a period of 90 days; after that time, if I wish to be considered for employment, I must update my application.

Questions regarding this statement should be directed to the Office Manager/Human Resources before signing. The application will be given every consideration, but its receipt does not imply that the applicant will be employed.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

Applicant Signature _____ **Date** _____

FOR OFFICE USE ONLY

Minimum Qualifications Met: <input type="checkbox"/> Yes <input type="checkbox"/> No	Interviewed <input type="checkbox"/> Yes <input type="checkbox"/> No Date Interviewed:	Interviewed by:
Employed <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Job Title:	Hire Date: