



Employment Application

Date: _____

Name: _____ Social Security Number: ____-____-_____

Address: _____

City: _____ State: _____ Zipcode: _____

Home Phone: _____ Cellular Phone: _____

Do you have a legal right to work in the United States (circle one)? Yes / No

Department Applying For: (check one): ___ Landscape ___ Mowing ___ Sprinkler Systems
___ Lawn Fertilization ___ Landscape Maintenance ___ Any

Special Skills or Training: _____

Are you employed now (circle one)? Yes / No

Have you ever been convicted of a felony (circle one)? Yes / No When? _____

Have you ever applied to this company before (circle one)? Yes / No When? _____

Salary Desired: _____ Date you can start: _____

Are you able to lift and carry minimum of 50 lbs (circle one)? Yes / No

Check types of equipment you know how to operate:

___ Lawn Mower ___ Hedge Trimmer ___ Chain Saw ___ Lawn Aerator

___ Skid-Steer Loader ___ Trencher ___ Concrete Saw ___ Weed Eater

References: _____ Phone: _____
_____ Phone: _____
_____ Phone: _____

Former Employer: _____ Salary: _____

Address: _____

From: _____ to _____ Reason for leaving: _____

Job Duties: _____

Supervisor: _____ Phone # _____

Former Employer: _____ Salary: _____

Address: _____

From: _____ to _____ Reason for leaving: _____

Job Duties: _____

Supervisor: _____ Phone # _____

Former Employer: _____ Salary: _____

Address: _____

From: _____ to _____ Reason for leaving: _____

Job Duties: _____

Supervisor: _____ Phone # _____

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

Signature: _____ Date: _____