



## EMPLOYMENT APPLICATION

Please complete and submit this entire Employment Application.

### BASIC INFORMATION

<b>Position Desired:</b>		<b>Wage Desired:</b>	<b>Date:</b>
<b>Name:</b>			
Last Name		First Name	Middle Name
<b>Home Address:</b>			
Street		City	State Zip Code
<b>Telephone:</b> Home: ( )		Cellular: ( )	E-mail
<b>Driver's License Number:</b>		<b>State:</b>	<b>Expiration Date:</b>

### EMPLOYMENT HISTORY

The information required below **must** be submitted on this Application. While you are welcome to attach a resume to this Application, it **will not** be accepted in lieu of completing any portion of this Application. For this section, please account for the last three (3) of employment (CDL drivers must complete ten (10) years of employment history) beginning with your current or most recent employer. List all experiences that are relevant to the position for which you are applying.

Employer	Title	Employed:	
Address Street	City	From (mm/yy) State	To (mm/yy) Zip Code
Supervisor's Name		Supervisor's Title	

Job Responsibilities:

Employer	Title	Employed:	
Address Street	City	From (mm/yy) State	To (mm/yy) Zip Code
Supervisor's Name		Supervisor's Title	

Job Responsibilities:

Employer	Title	Employed:	
Address Street	City	From (mm/yy) State	To (mm/yy) Zip Code
Supervisor's Name		Supervisor's Title	

Job Responsibilities:

## SKILL ASSESSMENT

Please specify your current skill level for each item listed below

	Never	Some	Expert
Landscaping			
Sprinklers			
Maintenance – mulching, weeding, trimming, etc.			
Mowing			
Lawn Fertilization			
Planting Trees/Shrubs			
Installing Walls, Patios, Fences, etc.			
Landscape Lighting			
Lawn Mowers			
String Trimmers			
Hedge Trimmers			
Skid Steer			
Driving a Regular Pickup Truck			
Driving a Flatbed Truck			
Driving a Dump Truck			
Driving a Truck While Pulling a Trailer			

## DRIVING HISTORY (IF YOU ARE APPLYING FOR A DRIVING POSITION)

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Dates		Approximate Number of Miles
		From	To	
Straight Truck				
Tractor and Semi-Trailer				
Tractor and Two Trailers				
Other				

Nature of Accident (Head-on, Rear-end, Upset, etc.)	Date	Number of Fatalities	Number of Injuries	Chemical Spill	
				Yes	No
				Yes	No
				Yes	No
				Yes	No

Please identify all traffic violations and forfeitures for the past three years, other than parking violations

Date Convicted (Month/Year)	Violation	State where Violation Occurred	Penalty (Forfeited Bond, Collateral, Points)

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by any employer? Yes  No

Were any of your job positions designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes  No

## EDUCATION

Name of School	Location of School		Graduation		Degree
			Yes	No	
High School	City	State			
College	City	State			

Licenses/Certificates

Please list all relevant Licenses and/or Certificates here:

## ADDITIONAL INFORMATION

Are you legally authorized to work in the United States?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Did any Summit employee recommend you for this position?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Can you speak, read, and/or write in English?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Can you speak, read, and/or write in Spanish?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you at least 18 years of age?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Have you ever been fired from a job?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

## REFERENCES

Name	Relationship	Telephone Number
		(     )
Name	Relationship	Telephone Number
		(     )
Name	Relationship	Telephone Number
		(     )

## IN CASE OF EMERGENCY NOTIFY

Name	Relationship	Telephone Number
		(     )
Address	City and State	Zip Code

## MEDICAL PROVIDER NETWORK

Summit Lawn & Landscape, Inc. utilizes a Medical Provider Network for the treatment of work-related injuries and illnesses. Employees may pre-designate a physician for this purpose if they wish, provided they have a signed letter from their physician agreeing to the pre-designation for work-related injuries and illnesses. If you wish to do so, please list the physician's name and contact information below, and attach the physician's letter. If you do not wish to do so, leave the space blank.

Physician's Name	Contact Information
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## PLEASE READ CAREFULLY

I fully understand this employment application, as well as other hiring documents, do not create an employment contract between Summit Lawn & Landscape, Inc. and me. I understand that if I am hired and any of my answers are deemed to be false or misrepresentations, then I may be terminated. I fully understand that my employment is "at will", meaning that either myself or Summit Lawn & Landscape, Inc. may terminate my employment at any time for any reason. I am fully aware and authorize Summit Lawn & Landscape, Inc. to conduct a background investigation and/or a pre-employment drug test and/or physical examination on me as a condition of my employment. I grant full permission Summit Lawn & Landscape, Inc. to contact the above-mentioned references regarding my background. Summit Lawn & Landscape, Inc. is committed to providing access and reasonable accommodation in its employment for individuals with disabilities.

Signature	Printed Name	Date
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## OFFICE USE ONLY

Date of Employment	Position	Hourly Pay Rate
Hire Approved By	References Checked and Notes	