

Valley Landscaping
Application for Employment
Equal Opportunity Employer

General Information:

Name: _____
(First) (Middle Initial) (Last)

Address: _____
(Street)

(City) (State) (Zip)

Home Phone: _____

Type of Employment: • Seasonal • Full-Time • Part-Time

Hours Available/Class Schedule: _____

On what date would you be available to begin work? _____

Do you have any objection to working overtime? • yes • no

Will you travel if your job requires it? • yes • no

Are you legally eligible for employment in the United States? • yes • no

If you are under 18 years of age, can you provide required proof of your eligibility to work?

• yes • no

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? • yes • no

Do you have a valid drivers license? • yes • no

Please list any driving infractions you have had within the past 3 years

Valley Landscaping has a substance abuse policy that prohibits the possession, use, and transfer of illegal drugs and the abuse of alcohol, and that requires all employees to submit to drug and alcohol screening tests if asked. Do you understand this policy and agree to submit to a test if asked? • yes • no

Have you ever been convicted of a criminal offense (felony or misdemeanor)? • yes • no

If yes, please describe the crime - state nature of the crime(s), when and where convicted and disposition of the case. _____

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of

the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Education:

<u>School Name</u>	<u>Years Attended</u>	<u>Degree</u>
High School: _____		
College: _____		
Technical: _____		

Employment Experience:

Present or most recent position:

Position: _____ Company: _____

Dates Employed: _____ Wages: _____

Reason for Leaving: _____

Supervisor's Name: _____ Phone Number: _____

Describe your primary duties: _____

Prior Position #1:

Position: _____ Company: _____

Dates Employed: _____ Wages: _____

Reason for Leaving: _____

Supervisor's Name: _____ Phone Number: _____

Describe your primary duties: _____

Prior Position #2:

Position: _____ Company: _____

Dates Employed: _____ Wages: _____

Reason for Leaving: _____

Supervisor's Name: _____ Phone Number: _____

Describe your primary duties: _____

References:

Name

Phone Number

1. _____

2. _____

3. _____

List any professional, technical or other training relative to the type of employment sought, especially experience with skid steers, loaders, etc.

List any licenses you have relative to the type of employment sought (i.e. commercial drivers license, pesticide applicators license, etc.)

What is your desired wage and what position you are applying for?

Applicant's Statement:

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature.

In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant: _____

Date: _____