

Employment Application

P&L Landscaping, LLC

Position applying for: _____

EMPLOYEE INFORMATION

Name: _____
Last First Middle

Address: _____
Street City State Zip

Home #: _____ Cell #: _____ Email: _____

How did you hear of us? _____

Are you able to perform the essential functions of the position with or without accommodations? Yes No

Are you at least 18 years or older? Yes No Are you at least 21 years or older? Yes No

Are you legally eligible for employment in the U.S.? Yes No

I am seeking a permanent position: Yes No Are you seeking a part-time or full-time position? P/T F/T

If necessary for the job, are you able to work overtime: Yes No

Do you have any of the following:

Valid driver's license? Yes No

CDL license? Yes No

D.O.T. Medical Examiner's Card? Yes No

EMPLOYMENT HISTORY

List most recent employment first. Include summer or temporary jobs. Be sure all your experience or employers related to this job are listed here in the summary following this section or on an extra sheet of paper if necessary. No more than 10 years history recommended.

Employer name and address: _____ _____ _____ Pay: \$ _____ Per: _____	Position title/duties & skills: _____ _____ _____ Supervisor: _____ Telephone: _____	Start date: _____ End date: _____	Reason for leaving: _____ _____
Employer name and address: _____ _____ _____ Pay: \$ _____ Per: _____	Position title/duties & skills: _____ _____ _____ Supervisor: _____ Telephone: _____	Start date: _____ End date: _____	Reason for leaving: _____ _____
Employer name and address: _____ _____ _____ Pay: \$ _____ Per: _____	Position title/duties & skills: _____ _____ _____ Supervisor: _____ Telephone: _____	Start date: _____ End date: _____	Reason for leaving: _____ _____
Employer name and address: _____ _____ _____ Pay: \$ _____ Per: _____	Position title/duties & skills: _____ _____ _____ Supervisor: _____ Telephone: _____	Start date: _____ End date: _____	Reason for leaving: _____ _____

Summarize other employment related to this job:

EDUCATION

	Institution Name	Years Completed	Field of Study	Graduate or Degree
High School				
College/University				
Business/Technical				
Additional				

MILITARY

Are you a veteran? Yes No

Duty/specialized training: _____

SKILLS & QUALIFICATIONS

Other qualifications such as special skills, abilities or honors that should be considered:

Professional licenses, certifications or registrations:

Additional skills, including supervision skills, other languages or information regarding the career/occupation you wish to bring to the employer's attention:

REFERENCES

List two personal references who are not relatives or former supervisors:

Name	Address	Telephone	Occupation	Years known

CONTACT

In case of accident or illness, please contact:

Name	Address	Daytime Phone	Relationship

INFORMATION TO THE APPLICANT

As part of our procedure for processing your employment application, your personal and employment references may be checked. If you have misrepresented or omitted any facts on this application, and are subsequently hired, you may be discharged from your job. You may make a written request for information derived from the checking of your references.

If necessary for employment, you may be required to: supply your birth certificate or other proof of authorization to work in the United States, have a physical examination and/or a drug test, or to sign a conflict of interest agreement and abide by its terms. I understand and agree to the information show above.

Signature of Applicant

Date

Equal Employment Opportunity: While many employers are required by federal law to have an Affirmative Action Program, all employers are required to provide equal employment opportunity and may ask your national origin, race and sex for planning and reporting purposes only. This information is optional and failure to provide it will have no affect on your application for employment.

EXPERIENCE

Maintenance:

_____ Spreading mulch
_____ Edging
_____ Pruning
_____ Thatching
_____ Weeding
_____ Planting annuals

Construction:

_____ Timber walls
_____ Segmental block walls
_____ Natural stone walls
_____ Brick walls/Patios
_____ Paver walks/Patios
_____ Natural stone walls/Patios
_____ Transit use
_____ Plate compactor
_____ Pond installation
_____ Low voltage lighting

Machinery:

_____ Skid steer, What kind? _____
_____ Tractor, What kind? _____
_____ Backhoe, What kind? _____
_____ Hydro seeder, What kind? _____
_____ Bark blower, What kind? _____

Mowing:

_____ Commercial walk behind mower
_____ What kind? _____
_____ Weed whacker/Line trimmer
_____ What kind? _____
_____ Backpack blower

Lawn Installation:

_____ Sod installation
_____ Hydro seeding
_____ Grading

Irrigation:

_____ Head installation
_____ Valve installation
_____ Control box installation
_____ Rain sensor installation
_____ Head layout
_____ Plumbing
_____ Pipe puller
_____ Wiring

Plowing:

_____ What type of equipment?

QUESTIONS

Are you able to speak and write the English language fluently? _____

If your position requires you to drive our vehicles, do we have permission to obtain your motor vehicle record from the state agency?

Yes No If yes, please provide your license number and state of issuance: _____

Are you able to drive a truck with a trailer on it? _____

Have you had any accidents within the last 5 years? _____

Do you have any motor vehicle violations? _____

Do you have any horticultural training? If so, what? _____

Do you have a fertilization or pesticide license? _____ If so, which one? _____

If requested, would you be willing to take a drug test? _____

Have you ever been convicted of a crime? _____

Are there any felony charges pending against you? _____

I certify that the facts contained in this questionnaire are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this questionnaire shall be grounds for dismissal.

Signature

Date

Print Name