



**EMPLOYMENT APPLICATION**

NAME: \_\_\_\_\_ SSN (OPTIONAL): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PREVIOUS EMPLOYERS

COMPANY	ADDRESS	DATES	PHONE	REASON FOR LEAVING
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

MILITARY EXPERIENCE: \_\_\_\_\_

HOW MANY YEARS HAVE YOU WORKED IN THE LANDSCAPING FIELD? \_\_\_\_\_

WHAT TYPE OF EQUIPMENT CAN YOU OPERATE? \_\_\_\_\_

EDUCATION (COLLEGE): \_\_\_\_\_ DEGREE: \_\_\_\_\_

EDUCATION (HIGH SCHOOL): \_\_\_\_\_ GRADUATED: \_\_\_\_\_

CAN YOU WORK OVERTIME? \_\_\_\_\_

DO YOU HAVE YOUR OWN TRANSPORTATION? \_\_\_\_\_

DO YOU HAVE ANY PHYSICAL LIMITATIONS? \_\_\_\_\_

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

WAGE DESIRED: \_\_\_\_\_

LICENSE NUMBER: \_\_\_\_\_

*OFFICE USE ONLY:*

WAGE AGREED: \_\_\_\_\_ TRIAL: \_\_\_\_\_