



Application For Employment

Equal access to programs, services, and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Name _____

Address _____

Telephone # (_____) _____ Cellular/Other Phone # (_____) _____ E-mail Address _____

Position(s) applied for _____ Date of Application ____/____/____

Referral Source (Please check the appropriate category and list the source.)

- | | |
|---|--|
| <input type="checkbox"/> Walk-in _____ | <input type="checkbox"/> School _____ |
| <input type="checkbox"/> Employee _____ | <input type="checkbox"/> Job Fair _____ |
| <input type="checkbox"/> Advertisement _____ | <input type="checkbox"/> Company's Website _____ |
| <input type="checkbox"/> Other Internet _____ | <input type="checkbox"/> Other _____ |

If you are hired, can you furnish proof that you are over 18 years of age?..... yes no

If you are hired, can you present evidence of your legal right to live and work in this country as required by law?..... yes no

Have you ever pled guilty or "no contest" to, or been convicted of, a misdemeanor or felony..... yes no

If yes, give the date(s) and details _____

Have you been arrested for any matter for which you are out on bail or on your own recognizance pending trial?..... yes no

If yes, give the date(s) and details _____

Answering "Yes" to these questions does constitute an automatic bar to employment. Factors such as age and time of the offense, seriousness and nature of the violation, time that has passed since the incident and rehabilitation will be taken into account. (Do not include minor traffic citations, and arrests or convictions which have been sealed or expunged in answering this question.) This information will only be used if job related and consistent with business necessity.

Are you able to satisfactorily perform the essential job duties required of the position for which you are applying, either with or without a reasonable accommodation?..... yes no

If you answered no, what reasonable accommodation do you require? _____

Position Desired _____ Date you can start _____ Salary Desired _____

Which do you prefer?..... full-time part-time during the following days and hours _____

Are you employed now?..... yes no If yes, may we contact your present employer?..... yes no

Have you ever applied to or worked for Dan's Custom Landscapes before?..... yes no If yes, specify dates _____

Education	Name of School	City and State	# of years completed	Did you graduate?	Degree(s) Earned?
High School					
College					
Graduate					

Have you served in the United States Armed Forces?..... yes no Branch _____ Final Rank _____

Honorable Discharge?..... yes no

Additional training, skills, experience, and special achievements relevant to desired position _____

List present and past employers beginning with the most recent. Attach additional sheets as needed.

Month/ Year	Name & Address of Employer	Initial Position and Duties Final Position and Duties	Previous Supervisor Telephone Number	Starting Pay Ending Pay	Reason for Leaving

Have you ever been terminated or asked to resign from any job?..... yes no If yes, please explain circumstances_____

Please explain fully any gaps in your employment history_____

How many days of work have you missed in the last three years due to reasons other than paid holidays, vacation, and approved absence due to the Family Medical Leave Act?

0 to 10 days 11 to 30 days 30+ days

Do you have adequate transportation to and from work?..... yes no

Do you have any friends or relatives that work for Dan’s Custom Landscapes?..... yes no If yes, who?_____

List three professional references that are previous employers

Name	Address	Phone Number

This application will be considered active for a maximum of thirty (30) days. If you wish to be considered for employment after that time, you must reapply.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND ACCURATE.

X _____

SIGNATURE OF APPLICANT

PRINT NAME

DATE