

Green Leaf[®] Landscaping & Irrigation

Application for Employment

Date: _____

Our Policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status.

Last Name _____ First Name _____ Middle Name _____

Street Address _____

City _____ State _____ Zip _____

Telephone _____ Social Security # _____

Position Applied for _____

When can you start? _____ Desired Wage \$ _____

Are you a U.S. Citizen or otherwise authorized to work in the U.S. on an unrestricted basis? (You may be required to provide documentation) Yes ___ No ___

Have you ever pled guilty or been convicted of a felony? Yes ___ No ___

(Applicants who have pled guilty or been convicted will not automatically be denied employment. However, the nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position applied for will be considered.) If yes, please explain the circumstances, including the crime for which you were convicted, the date of the conviction, the county and state where you were convicted, the sentence imposed and any restrictions:

Education

	School Name and Location	Year	Major	Degree
High School	_____	_____	_____	_____
College	_____	_____	_____	_____



In addition to your work history, are there any other skills, qualifications, or experience that we should consider?

Do you have a valid Driver's License? Yes _____ No _____

Driver's License Number _____

Have you had any traffic violations in the last 5 years? _____ If yes, please explain

List two (2) people other than a relative as a reference:

Name: _____ Phone # _____

Name: _____ Phone # _____

Employment History (Start with your most recent employer)

Company Name _____

Address _____ Telephone _____

Date Started _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____

May we contact? Yes _____ No _____

Responsibilities _____

Reason for Leaving _____

Company Name _____

Address _____ Telephone _____

Date Started _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____

May we contact? Yes _____ No _____



Responsibilities _____

Reason for Leaving _____

I certify that the facts set forth in this application for employment are true and completed to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. This company is hereby authorized to make any investigations of my prior educational and employment history.

I understand that employment at this company is "at will". Which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that if hired, I will be on a 90 day probationary period.

I have read and understand the above.

Signature _____ Date _____

