



EMPLOYMENT APPLICATION

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital, or veteran status, or the presence of a non-job related medical condition or handicap.

(PLEASE PRINT)

Date of Application _____

Position(s) Applied For _____

Referral Source: Advertisement Friend Relative Walk-In
 Employment Agency Other _____

Name _____
Last First Middle

Address _____
Number Street City State Zip Code

Telephone () _____ Driver License No. _____ State Licensed _____
CDL Yes No Endorsements (if applicable) _____

Emergency Notification: Name _____ Phone No. _____

School District: _____

If employed and you are under 18, can you furnish a work permit? Yes No Date of Birth: _____

Have you ever been employed here before? Yes No
If Yes, please give date(s) and reason for leaving _____

Are you employed now? Yes No If Yes, may we contact your current employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No
(Proof of citizen ship or immigration status may be required upon employment)

On what date would you be available to work? _____

Are you available to work: Full Time Shift Work Part Time Temporary

Are you on lay-off and subject to recall? Yes No

Can you travel if a job requires it daily? Yes No Weekly? Yes No

Have you been convicted of a felony within the last 7 years? Yes No
(Conviction will not necessarily disqualify applicant from employment)

If Yes, please explain _____

By State and Federal laws, Davis Landscape Ltd. is required to conduct random drug screenings on all employees at any time. If randomly selected, would you oppose such screening? Yes No If Yes, please explain _____

By State and Federal laws, Davis Landscape Ltd. is required to conduct criminal background, child abuse, and driver history checks. Would you be opposed to these? Yes No If Yes, please explain _____

M/F/V/H (optional) Height: _____ Weight: _____ 1 2 3 4 5 6

Do you have any previous existing condition that could affect your performing your work? _____ Yes _____ No

If Yes, please explain _____

Please list any experience you have concerning the position you are applying for.

List professional, trade, business or civic activities and offices held. (You may exclude those which indicate race, color, religion, sex or national origin.)

Give name, address, and telephone number of three references who are not related to you and are not previous employers.

Veteran of U.S. Military Service _____ Yes _____ No If Yes, branches _____

Special employment notice to disabled veterans, Vietnam Era veterans, and individuals with physical handicaps.

Government contractors are subject to 38 USC 2012 of the Vietnam Era Veterans Readjustment Act of 1974 which requires they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified and handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job to the best of your ability in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment.

If you wish to be identified, please sign below.

_____ Handicapped Individual

_____ Disabled Veteran

_____ Vietnam Era Veteran

Signed _____



EDUCATIONAL HISTORY

Education	Name & Location of School	General Courses of Study	Did you Graduate? Year?
Grammar School			
High School			
College/Univeristy Technical College			
Business or Trade School			

List any special awards or honors received _____

EMPLOYMENT HISTORY

Dates	Employers Name Address & Phone No.	Job Title & Responsibilities	Salary	Reason for Leaving
From			Start	
To			Final	
From			Start	
To			Final	
From			Start	
To			Final	
From			Start	
To			Final	

If you need additional space, please continue on a separate piece of paper.

Please list your personal goals and objectives and any other special skills acquired from employment _____



I certify that the answers given herein are completely true and accurate 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 understand and agree that this application is not a contract of employment and is not intended to be one. Furthermore, I understand and agree that this application is only valid for 30 days from application date, after which time, I must reapply to be considered for employment. In the event of employment, I understand and agree that false or misleading information in my application or interview(s) may result in my immediate dismissal. I also understand and agree that I am required to adhere to all of the company rules and regulations.

Signature of Applicant _____ Date _____

Do not write below this line.

First Interview _____

Second Interview _____

First Interview by _____ Date _____

Second Interview by _____ Date _____

Starting Salary _____ Start Date _____ Title _____

Orientation Date _____ 30 day review date _____

Signature of Applicant Required: _____

