

NO SMOKING PERMITTED
 ON JOB SITES OR ON PREMISES
WE ARE A DRUG FREE
COMPANY, WE DO
RANDOM DRUG TESTING
CRIMINAL BACKGROUND
CHECKS WILL BE
CONDUCTED

APPLICATION FOR EMPLOYMENT

As an EQUAL EMPLOYMENT OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER, Todd's Enviroscapes does not discriminate against applicants or employees because of their age, race, color, religion, national origin, sex, or on any other basis prohibited by law. Furthermore, Todd's Enviroscapes will not discriminate against applicants or employees because he or she is physically or mentally handicapped, a disabled veteran, a veteran of the Vietnam era, or has a non-job related medical condition, provided he or she is qualified and meets the requirements established by Todd's Enviroscapes for the job.
 As an employment AT WILL EMPLOYEE, the employee or employer may terminate employment at any time and for any reason.

PLEASE PRINT OR TYPE

NAME	(Last)	(First)	(Middle)	EMAIL ADDRESS	
CURRENT ADDRESS	(Street)	(City)	(State)	(Zip Code)	HOW LONG
HOME NUMBER	CELL NUMBER		ALTERNATE NUMBER		
PREVIOUS ADDRESS (within past 10 years)	(Street)	(City)	(State)	(Zip Code)	HOW LONG
PREVIOUS ADDRESS (within past 10 years)	(Street)	(City)	(State)	(Zip Code)	HOW LONG

POSITION APPLIED FOR	SALARY DESIRED
<input type="checkbox"/> FULL <input type="checkbox"/> PART TIME <input type="checkbox"/> SUMMER <input type="checkbox"/> TEMPORARY <input type="checkbox"/> OTHER	

WHY DO YOU FEEL YOU WOULD BE AN ASSET TO ENVIROSCAPES?

HOW WERE YOU REFERRED TO ENVIROSCAPES?

ARE YOU A U.S. CITIZEN? YES NO
 IF NO, ARE YOU LEGALLY AUTHORIZED TO WORK IN THE USA? YES NO
 IF YES, IS THERE AN EXPIRATION DATE TO YOUR WORK AUTHORIZATION? YES NO
 IF YES, WHAT IS THE EXPIRATION DATE? _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? EXCEPT SPEEDING OR PARKING TICKETS? YES NO
 IF YES, PLEASE LIST ALL PRIOR CONVICTIONS YOU HAVE BEEN CHARGE WITH IN LOCAL, STATE, FEDERAL OR FOREIGN COURTS.

EACH OFFENCE	(WHERE)	(WHEN)	(CHARGE)	(SENTENCE)
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(Disclosure of a criminal record will not necessarily disqualify you for employment, Each conviction will be evaluated on its own merits with respect to time, circumstances, and seriousness (in relation to the job for which you are applying))

Name and address of School		Highest Grade Completed	Graduated?		Type of degree/diploma received or expected	Major/Minor Fields of Study
			YES	NO		
HIGH SCHOOL (Last Attended)						
Colleges / Universities						
Graduate School						
Other (Business, Technical, Secretarial. Etc.)						

HAVE YOU EVER BELONGED TO A CLUB, ORGANIZATION, SOCIETY, OR PROFESSIONAL GROUP WHICH HAS A BEARING UPON YOUR QUALIFICATIONS FOR THE JOB WHICH YOU ARE SEEKING? YES NO

IF SO, DESCRIBE

DO YOU HAVE ANY HOBBIES OR INTERESTS WHICH HAVE A BEARING ON THE JOB FOR WHICH YOU ARE APPLYING?

PLEASE DESCRIBE

DO YOU HAVE ANY SPECIAL SKILLS OR ABILITIES WHICH RELATE TO THE JOB FOR WHICH YOU ARE APPLYING?

PLEASE DESCRIBE

IF THE POSITION FOR WHICH YOU ARE APPLYING REQUIRES OPERATING A MOTOR VEHICLE, DO YOU POSSESS A VALID CURRENT DRIVERS LICENSE? YES NO

DRIVERS LICENSE NUMBER AND STATE _____

EMPLOYMENT EXPERIENCE

1. NAME AND ADDRESS OF EMPLOYER _____ _____ _____ PHONE Area Code ()	STARTING POSITION STARTING DATE STARTING SALARY	ENDING POSITION ENDING DATE ENDING SALARY
MAY WE CONTACT THE EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	REASON FOR LEAVING	NAME AND TITLE OF SUPERVISOR
2. NAME AND ADDRESS OF EMPLOYER _____ _____ _____ PHONE Area Code ()	STARTING POSITION STARTING DATE STARTING SALARY	ENDING POSITION ENDING DATE ENDING SALARY
MAY WE CONTACT THE EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	REASON FOR LEAVING	NAME AND TITLE OF SUPERVISOR
3. NAME AND ADDRESS OF EMPLOYER _____ _____ _____ PHONE Area Code ()	STARTING POSITION STARTING DATE STARTING SALARY	ENDING POSITION ENDING DATE ENDING SALARY
MAY WE CONTACT THE EMPLOYER <input type="checkbox"/> YES <input type="checkbox"/> NO	REASON FOR LEAVING	NAME AND TITLE OF SUPERVISOR
4. NAME AND ADDRESS OF EMPLOYER _____ _____ _____ PHONE Area Code ()	STARTING POSITION STARTING DATE STARTING SALARY	ENDING POSITION ENDING DATE ENDING SALARY
MAY WE CONTACT THE EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	REASON FOR LEAVING	NAME AND TITLE OF SUPERVISOR

REFERENCES

LIST THREE PERSONS WHO ARE FAMILIAR WITH YOUR PROFESSIONAL ABILITIES. OMIT RELATIVES		
NAME	NAME	NAME
ADDRESS	ADDRESS	ADDRESS
OCCUPATION	OCCUPATION	OCCUPATION
PHONE NUMBER	PHONE NUMBER	PHONE NUMBER

Landscape & Landscape Maintenance Experience

Special studies or research in landscaping/maintenance:

Special skills/training in landscaping/maintenance:

What type of maintenance/landscaping/construction equipment have you run?

Do you have any retaining wall experience? If so, what type? Have you laid base, set grades or excavated?

Do you have any patio experience? If so, what type? Have you laid pavers, or set grades?

Do you have any masonry or carpentry skills?_____ If so explain.

Do you have any irrigation installation or repair experience?

How many people have you directly supervised at one time?

Why do you feel you would be a good fit for Envirosapes?

Additional comments that you would like to share:

TO BE READ AND SIGNED BY APPLICANT

THIS CERTIFIES THAT THIS APPLICATION WAS COMPLETED BY ME, AND THAT ALL ENTRIES ON IT AND INFORMATION IN IT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND AND AGREE THAT ANY MISREPRESENTATION OR OMISSION OF FACTS IN MY APPLICATION MAY BE JUSTIFICATION FOR REFUSAL TO HIRE, OR TERMINATION OF EMPLOYMENT.

I FURTHER UNDERSTAND THAT AN INVESTIGATIVE REPORT MAY BE MADE AS TO MY CHARACTER AND GENERAL REPUTATION. I AUTHORIZE ALL PAST EMPLOYERS, SCHOOLS, PERSONS, AND ORGANIZATIONS HAVING RELEVANT INFORMATION OR KNOWLEDGE TO PROVIDE IT TO TODD'S ENVIROSCAPES OR ITS DULY AUTHORIZED REPRESENTATIVE, FOR ITS USE IN DECIDING WHETHER OR NOT TO OFFER ME EMPLOYMENT AND SPECIFICALLY WAIVE ANY REQUIRED WRITTEN NOTIFICATION. I HEREBY RELEASE EMPLOYERS, SCHOOLS, PERSONS, AND ORGANIZATIONS FROM ALL LIABILITY IN RESPONDING TO INQUIRIES IN CONNECTION WITH MY APPLICATION.

I AGREE THAT IF I AM EMPLOYED BY TODD'S ENVIROSCAPES THE EMPLOYMENT WILL BE EMPLOYMENT AT WILL, AND EITHER I OR TODD'S ENVIROSCAPES MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME FOR ANY REASON WITHOUT NOTICE.

IN SIGNING THIS FORM, I CERTIFY THAT I UNDERSTAND ALL OF THE QUESTIONS AND STATEMENTS IN THE APPLICATION.

SIGNATURE OF APPLICANT

DATE