



DATE _____

EMPLOYMENT APPLICATION

We are an equal opportunity employer and consider applicants for all positions without regard to race, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or handicap, or any legally protected status

BOOTS REQUIRED

PERSONAL INFORMATION

Complete Name		Home Phone
Street Address		Message/Mobile Phone
City, State, Zip		Social Security Number
Are you legally eligible for employment in the United States?		Are you 18 years old or older?
Desired Position	Pay Expected	When can you start work

Do you have a valid driver's license? _____ # _____ State _____

Expiration date _____

List any tickets received in past 5 years _____

Have you ever been employed with us before? _____ When? _____

Have you ever applied for a job with us before? _____ If so, when? _____

Have you ever been convicted of a felony _____

If so, please explain:

List all Languages spoken fluently _____

<i>In case of emergency, we should notify</i>		
Name	Relationship	Telephone
Address		

EDUCATION INFORMATION

Level	Name and Location of School	# of years attended	Subjects Studied
High School			
Business/Trade			
University/College			Major? Did you graduate?

How did you learn about us? Pass by _____ Friend/Relative _____ Advertisement _____ Trucks _____

A to Z Employee (Name) _____ Other _____

EMPLOYMENT HISTORY (Most recent first)

Name of Company	Telephone
Address	Dates employed from (month/year) to (month/year)
Supervisor	Pay
Summarize the type of work performed & job responsibilities	Reason for Leaving

Name of Company	Telephone
Address	Dates employed from (month/year) to (month/year)
Supervisor	Pay
Summarize the type of work performed & job responsibilities	Reason for Leaving

Name of Company	Telephone
Address	Dates employed from (month/year) to (month/year)
Supervisor	Pay
Summarize the type of work performed & job responsibilities	Reason for Leaving

Comments (including explanation of any gaps in employment):

Describe any specialized Landscape related training, apprenticeship, or job related skills

(if none, state: 'None')

**List name and telephone number for three business/work references that are not related to you.
(Do not include family members unless you were working in your family business)**

Name	Telephone number	Years Known	How do you know this person
Name	Telephone number	Years Known	How do you know this person
Name	Telephone number	Years Known	How do you know this person

Please read carefully before signing. If you have any questions regarding the following statements, please ask for assistance.

I understand that if employment is offered, my employment may be conditioned upon the results of a medical examination to ensure my ability to perform the essential functions of the job and that as a condition of employment I will be required to take drug and alcohol screening tests and such medical examinations as may be required by A to Z Sprinklers and Landscape, including physical examination. I agree to submit to these required tests and understand that becoming employed and/or my continued employment are conditional upon the successful passing of these tests in accordance with Company policies and procedures, given reasonable accommodations in accordance with the Americans with Disabilities Act.

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be the basis for cancellation of this application or immediate discharge from the employer's service, whenever it is discovered.

I give the employer the right to contact and obtain information from all references, employers, and educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.

The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on any basis prohibited by local, state or federal law.

This application for employment shall be active for a period of 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I certify that the answers given herein are true and complete. I authorize investigation of all statements contained in this application of employment as may be necessary in arriving at an employment decision. I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge an employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless an authorized executive of this organization specifically acknowledges such change in writing.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

I represent and affirm that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant

Date

