

Employment Application

Quality Landscape Company

11821 Westside Potter Valley Rd., CA 95469

(707) 743-2637 Phone/Fax

Please complete this entire Employment Application. While you may attach a resume to this Employment Application, be informed it is not a substitute for completing the entire Application. All candidates must submit an official report of their driving record for the past five years from the Department of Motor Vehicles.

All candidates will be considered for employment without discrimination as defined by local, state, and federal statutes. We are an Equal Opportunity Employer. This application and supporting documents can be mailed or faxed to the address or number above.

Please fill out all of the sections below:

Application Date:	
-------------------	--

Applicant Information

Last Name		First Name		MI	
Address					
City, State, Zip					
Telephone Number(s)					
Driver's Licence #		Type of Licence	Class A	Class B	Class C
State of Issue		Expiration Date			

Employment Position

Position Applying for:					
Full-Time / Part-Time (circle one)					
Are you willing to work overtime?	yes	/	no		
Date you can start if hired:					
Do you have reliable transportation to and from work?	yes	/	no		
Desired Salary:					
Do you have any physical limitations which would hinder your performance in the position applied for? If so please describe.					
Have you ever had an injury that would prevent you from performing the duties necessary for the position applied for? If so, please describe.					
Height:		Ft		In	
Weight:		Lbs			

Personal Information

Are you 18 years of age or older?	yes / no
-----------------------------------	----------

Are you a member of the armed forces? yes / no	Military Status:	
Are you a US citizen or approved to work in the United States? yes / no		
What document can you provide as proof of citizenship or legal status?		
Will you consent to a mandatory controlled substance test? yes / no		
Have you ever been convicted of a criminal offence (felony or misdemeanor)? yes / no		
If yes, please state the nature of the crime(s), when and where convicted and disposition of the case:		

Job Skills/Qualifications

Please list below the skills and qualifications you possess for the position from which you are applying:

Education and Training

School Level	School Name	Location (City, State)	Years Attended	Year Graduated	Subjects Studied/ Degrees Earned
Grade School					
High School					
College/University					
Trade/Vocational School, Other					

Employment History (please list most recent employment first)

Company Name		Phone Number	
Address		City, St Zip	
Job Title		Supervisor Name	
Reason for Leaving:		Final Pay Rate	
		Start/End Dates	

Company Name		Phone Number	
Address		City, St Zip	
Job Title		Supervisor Name	
Reason for Leaving:		Final Pay Rate	
		Start/End Dates	

Company Name		Phone Number	
Address		City, St Zip	
Job Title		Supervisor Name	
Reason for Leaving:		Final Pay Rate	
		Start/End Dates	

Company Name		Phone Number	
Address		City, St Zip	
Job Title		Supervisor Name	
Reason for Leaving:		Final Pay Rate	
		Start/End Dates	

References (please provide three personal and professional references below)

Name	Contact Information

Emergency Contact

Name	Phone	Relationship

I declare under penalty of perjury that all statements in this application are true, accurate, and complete. I understand that if I am hired, any misstatements or omissions of fact on this application may result in my immediate termination. If hired, I agree to be bound by all current and future company policies and procedures regardless of how they are communicated to me. I fully understand that my employment is "at will", meaning that either myself or the company may terminate my employment at any time for any reason; the acceptance of an employment offer does not create a contractual obligation upon the company to continue to employ me in the future. I am fully aware and authorize the company to conduct a background investigation on me as a condition of my employment. If a report is obtained, the company must provide at my request, the name and address of the agency, so I may obtain from them the nature and substance of the information contained in the report.

Printed Name		Signature	
--------------	--	-----------	--