

DO NOT WRITE IN THIS SPACE

APPLICATION FOR WORK

Return To: **Green Retreats Landscaping**

Office/Fax: (916) 338-2001

AN EQUAL OPPORTUNITY EMPLOYER

General Instructions

Do not write in shaded areas.
Complete all parts of the application.

SOCIAL SECURITY NUMBER – Please do not fill in until accepted for work!

<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Full Name _____
First Middle Last

Address _____
House or Apartment Number Street
City State County Zip Code

Telephone Number: Home () Cell () Other ()
Area Code Area Code Area Code

Date of Birth (Month) (Day) (Year) Sex (check one) 1. () Male 2. () Female

EDUCATION:

CIRCLE OR BRACKET THE HIGHEST GRADE OF SCHOOL COMPLETED.

High School Diploma or GED? () Yes () No

1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4

ED

LC

PROVIDE INFORMATION ON ALL SCHOOLS ATTENDED. SPECIFY UNDERGRADUATE OR GRADUATE WORK.

Name and Location of School	Dates of Attendance		Credit Hours	Did You Graduate?		Type of Degree and Date	Major
	From	To		Sem.	Qtr.		

PROFESSIONAL LICENSE OR CERTIFICATE

License/Certificate Issued By Field/Trade/Specialization License/Certificate No. Issue Date Expiration Date

CIRCLE EXPERIENCES WHICH ARE PARTICULARLY RELATED TO LANDSCPING

Sod Installation General Labor Yard Maintenance Fences & Gates Pond Installation
 Irrigation Systems Drainage Systems Trenching Grading/Leveling Concrete Curbing
 Concrete Forms Concrete Finishing Outdoor Electrical Outdoor Plumbing

Other _____

List three reliable persons, not relatives or present employer, who know you well enough to give information about you.

NAME	ADDRESS AND PHONE NUMBER	EMPLOYER

Have you ever been involuntarily terminated, discharged, forced or asked to resign from any job? () Yes () No

If you answered **Yes** to the above question, provide an explanation on a separate sheet noting any mitigating or extenuating circumstances in the space below. If necessary, you may use a separate sheet or sheets and attach to the application.

Have you ever been convicted of a misdemeanor or felony crime? () Yes () No

If you answered **Yes** to the above question, list in the space below all prior misdemeanor and felony convictions and any extenuating or mitigating circumstances regarding such convictions. If necessary, you may use a separate sheet or sheets and attach to application.

NOTE: A criminal conviction will not necessarily disqualify you from work.

WORK HISTORY

Begin with your PRESENT or most recent employment. List in REVERSE ORDER periods of employment.

1. Current or Last Employer					Your Official Job Title			
Address					Type of Business			
FROM Month	Year	TO Month	Year	Total Months	Number of Hours Per Week	Beginning Salary \$ _____ Per _____	Ending Salary \$ _____ Per _____	May we contact your employer? () Yes () No
Number/Title of Employees You Supervised On a Continuing Basis					Equipment You Operated			
Name, Title and Telephone Number of Supervisor					Reason for Leaving			
Describe Your Duties in Detail								

2. Employer					Your Official Job Title			
Address					Type of Business			
FROM Month	Year	TO Month	Year	Total Months	Number of Hours Per Week	Beginning Salary \$ _____ Per _____	Ending Salary \$ _____ Per _____	May we contact your employer? () Yes () No
Number/Title of Employees You Supervised On a Continuing Basis					Equipment You Operated			
Name, Title and Telephone Number of Supervisor					Reason for Leaving			
Describe Your Duties in Detail								

Other Questions:

1. Circle the type of position interested in: Part-time Full-time Side Work Temporary Permanent
2. Circle the crew interested in joining: Construction & Installation or Maintenance Crew
3. Do you have your own reliable transportations? YES NO
4. Is there a limit to the cities you would be willing to meet the crew at job sites? Elk Grove West Sacramento Natomas Sacramento Rancho Cordova Folsom Citrus Heights Roseville Lincoln Yuba Rocklin
5. Are you okay with being paid by check every Friday for the work completed the prior week? YES NO
6. Are you okay with receiving a 1099 at the end of the calendar year? YES NO

CERTIFICATION STATEMENT

I certify that all statements on or attached to this application are true and correct to the best of my knowledge. I know that any false statements may cause me to be denied the chance for work, or to be released from employment

Signature _____

Date _____