



Caretaker

Landscape and Tree Management

Employment Application

Name _____ Position Applied for _____

Street Address _____

City _____ State _____ Zip Code _____

Home Number _____ Cell Number _____

Are you legally eligible for employment in the U.S.?.....Yes No
 (If hired, you will required to furnish proof of your eligibility to work in the U.S.)

Are you 18 years of age or older?.....Yes No
 (If you are hired, you may be required to submit proof of age)

Have you ever applied here before?.....Yes No
 If yes, When? _____

Were you ever employed here?.....Yes No
 If yes, When? _____

Do you have any felony convictions?..... Yes No

For Driving Jobs Only: Do you have a valid Driver's License?.....Yes No
 Driver's License Number _____ Class of License _____ State Licensed In _____

Have you had your driver's license suspended or revoked in the last 3 years?..... Yes No
 If yes, give details: _____

If employed, do you expect to be engaged in any additional business
 or employment outside of our job?.....Yes No
 If yes, give details: _____

Have you ever worked for Caretaker through a staffing Agency?..... Yes No
 If so when: _____ Agency Name: _____

EDUCATION

	Yrs. Completed	Field of Study	Graduate or Degree
High School:			
College/University:			
Business/Technical:			
Other:			

REFERENCES

Have you worked or attended school under any other names? Yes No
 If yes, give names: _____

Give three references, not relatives or former employers.

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

WORK HISTORY

List names of employers in consecutive order with present or last employer listed first, Account for all periods of time, including military service and any periods of unemployment. If self-employed give firm name and supply business references. **Note: A job offer may be contingent upon acceptable references from current and former employers.**

NAME OF EMPLOYER	JOB TITLE AND DUTIES
ADDRESS	DATES OF EMPLOYMENT(MO/YR):FROM TO
CITY, STATE, ZIP CODE	PAY: START \$ FINAL \$
SUPERVISOR(S)/TELEPHONE	REASON FOR LEAVING
NAME OF EMPLOYER	JOB TITLE AND DUTIES
ADDRESS	DATES OF EMPLOYMENT(MO/YR):FROM TO
CITY, STATE, ZIP CODE	PAY: START \$ FINAL \$
SUPERVISOR(S)/TELEPHONE	REASON FOR LEAVING
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SUPERVISOR(S)/TELEPHONE	REASON FOR LEAVING

Summarize equipment that you have experience using: _____

Summarize other employment related to this job: _____

Professional Licenses, Certifications, Registrations: _____

Additional Skills including supervision skills, other languages, or information regarding the career/occupation you wish to bring the employer's attention: _____

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organization to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. I understand I may be required to successfully pass a drug screening examination to judge my capability to do the work for which I am applying.

I understand that this application, verbal statements by management, or subsequent employment does not create an express or implied contract of employment nor guarantee employment for any definite period of time. Only the President of the Organization has the authority to enter into an agreement of employment for any specified period and such agreement must be in writing, signed by the President and the employee. If employed, I understand that I have been hired at the will of the employer and my employment may be terminated at any time, with or without reason and with or without notice.

Applicant Signature: _____ Date: _____