

# Employment Application

Name \_\_\_\_\_ Position Applied For \_\_\_\_\_

Phone Number \_\_\_\_\_ Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_

Are you legally eligible for employment in the U.S.? (If hired, you will be required to furnish proof of your eligibility to work in the U.S.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you 18 years of age or older? (If you are hired, you may be required to submit proof of age)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever applied here before? If yes, when? _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever employed here previously? If yes, list the other name(s) and approximate dates of previous employment: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever worked for Caretaker through a staffing agency and/or subcontractor? If yes, when? _____ Agency name: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you worked or attended school under any other names? If yes, please list all other names: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have any family or friends currently working at Caretaker Landscape and Tree Management? <i>Note: It is NOT against company policy for family and friends to work together, but it is a violation not to disclose this information upfront.</i>  If yes, please provide their full name(s) and department/job title(s): _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>For Driving Jobs Only:</b> Are you 21 years of age or older?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a valid Driver's License?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

## Education

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

## References Give three professional references, do not include relatives.

Name	Address	Phone Number

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## 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 Titles and Duties
Address	Dates of Employment From:
City, State, Zip Code	To:
Supervisor (s) Phone Number	Reason For Leaving
Name of Employer	Job Titles and Duties
Address	Dates of Employment From:
City, State, Zip Code	To:
Supervisor (s) Phone Number	Reason For Leaving
Name of Employer	Job Titles and Duties
Address	Dates of Employment From:
City, State, Zip Code	To:
Supervisor (s) Phone Number	Reason For Leaving

List your skills related to position applying for: \_\_\_\_\_

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 any person, school, current or former employer, and organization—whether listed or not—to provide any relevant information or opinions that may assist in making an employment decision. I release all such persons and organizations from any and all liability for providing this information in good faith. 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: \_\_\_\_\_

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## Applicant Questionnaire for Maintenance / Construction / Enhancement Field Positions

(Nothing in this application process guarantees employment.)

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Circle how you hear about the job? Indeed Craigslist Vehicle AD Recruiter called/emailed me Workforce Center/Community Partner Referral Employee Referral

Name of Employee that referred you if applicable: \_\_\_\_\_

If offered a job, when could you start?

If hired, what is your preferred location? East Valley \_\_\_\_\_ West Valley \_\_\_\_\_ Tucson \_\_\_\_\_

Are you currently interviewing with other companies? Yes \_\_\_\_\_ No \_\_\_\_\_

What is your pay expectation? \$ \_\_\_\_\_ / Hour

If hired our field employees will:

- Work full shifts outdoors in all types of changing and extreme weather conditions including direct sun, extreme heat including temperatures over 100 degrees, cold, and rain
- Will be in direct sunlight for extended periods of time daily
- You will perform heavy work. Exerting up to 100 pounds of force occasionally, and/or up to 50 pounds of force frequently, and/or up to 20 pounds of force constantly to move objects
- In this role you would frequently stand, walk, climb or crouch on narrow and/or slippery surfaces; stoop, kneel, bend to pick up or move objects; walk for long distances and on sloped ground and uneven surfaces; move, lift, and carry objects weighing up to 50 pounds

What landscape **MAINTENANCE** experience do you have (check all that apply)?

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Mowing                    | <input type="checkbox"/> Trimming          | <input type="checkbox"/> Leaf/Debris Blower |
| <input type="checkbox"/> Stand On/Zero Turn Mowers | <input type="checkbox"/> OTHER please list | <input type="checkbox"/> Safety Minded      |

What landscape **CONSTRUCTION/ENHANCEMENTS** experience do you have (check all that apply)?

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Spreading Gravel/Mulch  | <input type="checkbox"/> Planting Trees          | <input type="checkbox"/> Irrigation Construction |
| <input type="checkbox"/> Digging Trenches (hand) | <input type="checkbox"/> Lay Out Irrigation Pipe | <input type="checkbox"/> Reading Blue Prints     |
| <input type="checkbox"/> Planting Shrubs         | <input type="checkbox"/> OTHER please list       | <input type="checkbox"/> Pavers/Retaining Walls  |

What **EQUIPMENT** can you operate?

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Skip Loader                       | <input type="checkbox"/> Mini Excavator  | <input type="checkbox"/> Chippers          |
| <input type="checkbox"/> Tractor                           | <input type="checkbox"/> Backhoe         | <input type="checkbox"/> Skid Steer        |
| <input type="checkbox"/> Trencher (walk behind or Ride On) | <input type="checkbox"/> Granite Shooter | <input type="checkbox"/> OTHER please list |

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## EEO Self Identity

The Equal Employment Opportunity Commission (EEOC) requires organizations with 100 or more employees to invite applicants to self-identify gender and race and complete an EEO-1 report each year. Completion of this data is voluntary and will not affect your opportunity for employment, or terms or conditions of employment. This form will be used for EEO-1 reporting purposes only and will be kept separate from all other personnel records only accessed by the Human Resources department. Please return completed forms to the HR department.

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

### **GENDER: (Please check one of the options below)**

\_\_\_\_\_ Male                      \_\_\_\_\_ Female

### **RACE/ETHNICITY: (Please check one of the descriptions below corresponding to the ethnic group with which you identify.)**

\_\_\_ Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

\_\_\_ White (Not Hispanic or Latino): A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

\_\_\_ Black or African American (Not Hispanic or Latino): A person having origins in any of the black racial groups of Africa.

\_\_\_ Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

\_\_\_ Asian (Not Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

\_\_\_ American Indian or Alaska Native (Not Hispanic or Latino): A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.

\_\_\_ Two or more races (Not Hispanic or Latino): All persons who identify with more than one of the above five races.

Please return form to the HR department. Thank you for your participation.