



# EMPLOYMENT APPLICATION **LITCHFIELD LANDSCAPING**

**PLEASE NOTE:** It is important that you complete all parts of the application. If your application is incomplete or does not clearly show the experience and/or training required, your application may not be accepted. If you have no information to enter in a section, please write N/A.

All applicants are considered for all positions without regard to race, religion, color, sex, gender, sexual orientation, pregnancy, age, national origin, ancestry, physical/mental disability, medical condition, military/veteran status, genetic information, marital status, ethnicity, citizenship or immigration status, or any other protected classification, in accordance with applicable federal, state, and local laws. By completing this application, you are seeking to join a team of hardworking professionals dedicated to consistently delivering outstanding service to our customers and contributing to the financial success of the organization, its clients, and its employees. Equal access to programs, services, and employment is available to all qualified people. Those applicants requiring an accommodation to complete the application and/or interview process should contact a management representative.

Name and Address							
Name (First, MI, Last)				State ID Number			
Mailing Address							
City, State, and Zip Code							
Telephone				Alternate Phone			
If under 18, please list age		Email					
Applicants under the age of 18 are subject to verification that you are of minimum legal age.							
INFORMATION ABOUT JOB YOU ARE SEEKING							
Days/hours available to work							
<input type="checkbox"/> I have no preference.	<input type="checkbox"/> Mon.	<input type="checkbox"/> Tues.	<input type="checkbox"/> Wed.	<input type="checkbox"/> Thurs.	<input type="checkbox"/> Fri.	<input type="checkbox"/> Sat.	<input type="checkbox"/> Sun.
I am seeking a:		<input type="checkbox"/> Full-time job		<input type="checkbox"/> Part-time job		<input type="checkbox"/> Full- or Part-time	
How many hours can you work weekly?				Can you work nights? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date available to begin	
INFORMATION ABOUT YOU & YOUR PAST							
Have you ever been employed by this organization in the past?						<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever used another name?						<input type="checkbox"/> Yes	<input type="checkbox"/> No

**PHASE ONE**

<p>If Yes, is there any additional information that we would need to verify your educational or work history? If Yes, please explain:</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>Do you have any friends, relatives or previous co-workers currently working for this company? Please List:</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>If hired, can you present evidence of your identity and legal right to work in this country?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>If hired, this position may involve driving a company vehicle. Do you have a License to Drive in the state of California?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>If hired, do you have a reliable means of transportation to and from work?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>If hired, This job involves the use of <b>power tools</b>, possibly operating <b>heavy equipment</b> or <b>operating a motor vehicle</b>. Can you perform the essential job functions of the job you are applying for – with or without reasonable accommodation?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>If hired, This position involves <b>manual labor</b>, strenuous <b>physical exertion</b> and the use of power tools. Can you perform the essential job functions of the job you are applying for – with or without reasonable accommodation?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p><b>NOTE:</b> We comply with the Americans with Disabilities Act and consider reasonable accommodation measures that may be necessary for qualified applicants/employees to perform essential job functions.</p>		
<p>Is there anything you think we should know about you when reviewing this application, that is not asked here, but that you feel is important for us to know: Please write below:</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**PHASE ONE**

**EDUCATION – LIST ALL**

School Type:  Elementary  High School  Trade School(s)

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Years Completed: \_\_\_\_\_

School Type:  Elementary  High School  Trade School(s)

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Years Completed: \_\_\_\_\_

School Type:  Elementary  High School  Trade School(s)

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Years Completed: \_\_\_\_\_

School Type:  Elementary  High School  Trade School(s)

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Years Completed: \_\_\_\_\_

Other

Describe:

**MILITARY SERVICE**

Have you even been in the Armed Forces?

YES  NO

Branch:

ARMY

NAVY

AIR FORCE

MARINES

COAST GUARD

CIVIL AIR PATROL

MERCHANT MARINES

FOREIGN MILITARY: \_\_\_\_\_

Are you now a member of the National Guard?

Yes  No

Honorable Discharge?

Yes  No

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Specialty (MOS)		Date entered	
Explain if necessary:		Discharge date:	
<b>GENERAL CONTRACTORS</b>			
Are you, or have you <b>ever been a licensed Contractor</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
License Type(s) – List all:			
Have you ever had this license revoked or suspended		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>WORK EXPERIENCE</b>			
<p><i>List the names of your present or previous employers in chronological order with present or most recent employer listed first. Be sure to account for all periods of time. If self-employed, give company name and supply business references. Add an additional page if necessary.</i></p>			
Company		Name of last supervisor	Hrs/week
Address		Start Date	Starting Salary
City, State, and Zip Code		End Date	Final Salary
Phone number		Your last job title	
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

**PHASE ONE**

Company	Name of last supervisor	Hrs/week
Address	Start Date	Starting Salary
City, State, and Zip Code	End Date	Final Salary
Phone number	Your last job title	
Reason for leaving (be specific)		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Company	Name of last supervisor	Hrs/week
Address	Start Date	Starting Salary
City, State, and Zip Code	End Date	Final Salary
Phone number	Your last job title	
Reason for leaving (be specific)		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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**Work Experience (continued)**

Please list any **ADDITIONAL SKILLS** that you have that may be helpful to you while working for us:

Please list those jobs in Landscaping or Construction that you **ENJOY**.

Have you ever been involuntarily terminated or asked to resign from any job?  Yes  No  
If yes, please explain.

**Personal References**

Please include the name, phone number, and circumstances of your acquaintance. **Exclude relatives and former employers.**

1.

2.

3.

4.

**VERIFICATIONS**

**READ & INITIAL EACH STATEMENT or QUESTION.  
If there is something that you do not understand – ASK.**

\_\_\_\_\_ Do you fully UNDERSTAND & AGREE that if it is found that you have lied or falsified any information on this application, that such actions are grounds for revoking any Conditional Offer of Employment OR immediate termination?

\_\_\_\_\_ I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the prior employers and references I have listed to disclose to the company any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers, and all other persons, corporations, partnerships, and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_ In the event of my employment with the company, I understand that I am required to comply with all rules and regulations of the company.

\_\_\_\_\_ I UNDERSTAND & AGREE that this position is AT-WILL. If during my employment **my employer** decides to terminate me; they may do so for any reason, at any time, without prior written notice, or explanation.

\_\_\_\_\_ I understand that the safety of employees is extremely important to the company and that the company is committed to ensuring a safe working environment. I understand that I, and every employee, have a responsibility to prevent accidents and injuries by observing all safety procedures and guidelines and following the directions of my site supervisor. I understand and agree to comply with federal, state, and local regulations related to on-the-job safety and health.

\_\_\_\_\_ I hereby certify that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_ I understand that if I am selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration law requires me to complete an I-9 Form in this regard.

\_\_\_\_\_ I UNDERSTAND & AGREE that as a part of this application process; after a conditional offer of employment is made; my potential future employer WILL CONDUCT a NATIONWIDE BACKGROUND (with Alias's) Check, a search of the CA DEPARTMENT OF JUSTICE'S Megan's Law website. Additionally, I understand that some types of convictions, such as recent acts of

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violence or Drunk Driving may prevent me from ultimately being hired.

\_\_\_\_\_ I understand that if any term, provision, or portion of this Agreement is declared void or unenforceable, it shall be severed, and the remainder of this Agreement shall be enforceable.

\_\_\_\_\_ I UNDERSTAND & AGREE that the location of my WORKSITE can change daily. My daily work assignments could vary as follows: (1) I may be assigned to meet at a central location where I will be picked up and taken to various job sites, and then returned to that site. OR (2) my WORKSITE could be static location, such as at a large corporate facility, where I would be required to report for work, and spend the workday there.

**I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that, should this application contain any false or misleading information, my application may be rejected or my employment with this company terminated.**

Signature

Date