

Pacific Landscapes

Application for Employment

Pacific Landscapes is an equal opportunity employer. In case of employment, any false statement is sufficient cause for dismissal. All employees are considered "at will" employees.

Any offer of employment (or re-employment after more than 90 days of being laid off) will be conditioned upon the applicant passing a drug test and fitness for duty exam.

Name _____ Social Security # _____
Last First Middle

Address

_____ No. Street City State Zip Code

Home Telephone No. () _____ Work Telephone No. () _____

Position(s) applied for _____ Full Time Part Time

Are you able to perform the essential functions of the job for which you are applying, with or without accommodations? Yes No

Have you ever been convicted of a felony or other serious offense (other than a minor traffic violation)?
Yes No If yes, explain. _____

Have you previously applied for employment with Pacific Landscapes? Yes No

Have you ever worked for Pacific Landscapes before? Yes No

If yes, give dates and positions. _____

Date available to start work ____/____/____ What is your desired salary range? \$ _____

WORK HISTORY

Dates Employer Name Telephone #

Job Title Address

Supervisor Name & Title Summary of work performed

May we contact for reference? Yes No

Dates Employer Name Telephone #

Job Title Address

Supervisor Name & Title Summary of work performed

May we contact for reference? Yes No

Signature Date

Pacific Landscapes

"Golden Hearts And Green Thumbs"

This form will serve as notice that the individual described herein has applied for a position with our company, and by submitting an application for employment does hereby authorize Pacific Landscapes, Inc. and any and all Insurance Companies to determine whether applicant will be insurable.

Full Name:

(Last)

(First)

(Middle)

Driver's License #

State Licensed

Expiration

Date of Birth

I hereby acknowledge that Pacific Landscapes, Inc. is not in the practice of hiring individuals under the age of 21, and that if it is determined that I am uninsurable, and that if granted a position, agree to disengage employment should it be determined at a later date that I am no longer insurable. In conclusion, I agree that my employ shall be considered only after it is concluded that I am insurable.

Signature

Date