

EMPLOYMENT APPLICATION

Date: _____

We are an equal opportunit	y employer and consider applica		d to race, sex, national origin, age, ma or any legally protected status	rital or veteran status, the presence of a n	on-job related medical condition or	
PERSONAL IN	FORMATION					
First/Last Name			Home Phone	Home Phone		
Street Address		Message/Mob	Message/Mobile Phone			
City, State, Zip			Social Security	Social Security Number		
Are you legally eligi	Are you legally eligible for employment in the United States?		Date of Birth	Date of Birth		
Desired Position	n Pay Expected		When can you	When can you start work?		
Do you have a valid	driver's license?	#		State		
Expiration date				_		
List any tickets recei	ved in past 5 years					
If so, please explain List all Languages sp						
In case of emerger	ncy, we should noti	fy				
		Relationship	Telephone	Telephone		
Address			<u>'</u>			
EDUCATION II	NFORMATION					
Level	Name and Locat	ion of School	# of years attended	Subjects Studied		
High School						
Business/Trade						
University/College				Major? Did you graduate?		
How did you learnal	oout us?	Pass by	Friend/Relative	Advertisement	Trucks	
Acer Employee (Name)			Other			

EMPLOYMENT HISTORY (Most recent first) lame of Company	Telephone	
Address	Dates employed	
Supervisor	from (month/year) Pay	to (month/year)
5450.1150.	,	
Summarize the type of work performed & job responsibilities	Reason for Leaving	
Name of Company	Telephone	
Address	Dates employed	
	from (month/year)	to (month/year)
Supervisor	Pay	
Summarize the type of work performed & job responsibilities	Reason for Leaving	
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Name of Company	Telephone	
Address	Dates employed	
, dui ooo		
Supervisor	from (month/year) Pay	to (month/year)
Supervisor	ray	
Summarize the type of work performed & job responsibilities	Reason for Leaving	

mments (including exp	lanation of any gaps in em	ployment):				
scribe any specializ	ed Landscape related	training, appre	nticeship, or io	b related ski	ills	
scribe any Landsca						
•	pe equipment, machino					
•						
•						
scribe any Landsca _l one, state: 'None')						
•						

List name and telephone number for three business/work references that are not related to you. (Do not include family members unless you were working in your family business)				
Name	Telephone number	Years Known	How do you know this person	
Name	Telephone number	Years Known	How do you know this person	
Name	Telephone number	Years Known	How do you know this person	

Please read carefully before signing. If you have any questions regarding the following statements, please ask for assitance.

"I understand that if employment is offered, my employment may be conditioned upon the results of a medical examination to ensure my ability to perform the essential functions of the job and that as a condition of employment I may be required to take drug and alcohol screening tests and such medical examinations at the request of Acer Landscaping either prior to hiring or during employment. I agree to submit to these required tests and understand that becoming employed and/or my continued employment are conditional upon the successful passing of these tests in accordance with Company policies and procedures, given reasonable accommodations in accordance with the Americans with Disabilities Act.

I certify that the answers given herein are true and complete. I authorize investigation of all statements contained in this application of employment as may be necessary in arriving at an employment decision.

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be the basis for cancellation of this application or immediate discharge from the employer's service, whenever it is discovered.

I give the employer the right to contact and obtain information from all references, employers, and educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.

The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on any basis prohibited by local, state or federal law.

This application for employment shall be active for a period of 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge an employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless an authorized executive of this organization specifically acknowledges such change in writing.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

I represent and affirm that I have read and fully understand the foregoing and seek employment under these conditions."

Signature of Applicant	Date

IMPORTANT

YES	NO	
		Are you able to work in extreme temperature? (i.e. 100° F heat, 0° F cold)
		Are you able to lift 50 pounds or more?
		Are you able to bend, twist and walk rapidly for extended lengths of time?
		Do you have work boots? (They do not have to have steel toes)
		Are you able to arrive at the designated work site daily and on time?
		Have you read, completed and signed the application?
How do y	ou plan o	on getting to work each day? (please check one)
		I will drive myself to work
		I will take public transportation to job site/meeting location
		Someone will give me a ride to job site/meeting location. Relation to you?
		I live close to job site/meeting location and will walk, ride bicycle.
		How far from meeting location do you live?
		Other. Please explain:

Landscape Related Experience

Check the box that best describes your experience level

N= None. B= Beginner (5-50 hours). A= Average (50+ hours). M= Mastered (100+ hours).

Bobcat / Track Loader Trucks / Trailers

Foot Control 3/4 ton pick up
Hand Control 1 Ton dump truck

Cab over dump truck

Attachments Other

Auger Utility/Mowing Trailer Forks 14' Dump Trailer

Grapple

Hydraulic Breaker Concrete Pavers
Rock Hound Layout
Harley Rake Marking
Tiller Cutting
Broom Circles
Inlays

Equipment

Mini Loader (Dingo)

Mini Excavator

Natural Stone

Layout

Stump Grinder Patterned Stone
Trencher Bluestone
Aerator Flagstone
Overseeder Lannon Walls
Thatcher Boulder Walls

Compactor

Sod Cutter Block

SRW with pins

Small Equipment

Backpack Blower

Seat Walls

String Trimmer

Curves

Hedge Trimmer

Chain Saw

SRW rear lip

Curves

Pillars

Fire Pit

Edger Outdoor Kitchen

Pole Saw Geo Grid
Laser Transit Drainage

Zip Level or U Level

Timbers

Maintenance Walls

Mowing Steps

Pruning

Spring/Fall Clean Up Water Features
Fertilizing Ponds
Weed Control Waterfalls
Edging Fountain Kits

LED Lighting