



APPLICATION FOR EMPLOYMENT

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

---

**PERSONAL INFORMATION:**

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_ M.I.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP CODE

PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_ CELL PHONE: (\_\_\_\_) \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ REFERRED BY: \_\_\_\_\_

---

EDUCATION:	NAME AND LOCATION OF SCHOOL	GRADUATED?
HIGH SCHOOL: _____		YES ___ NO ___
COLLEGE: _____		YES ___ NO ___
TRADE OR OTHER SCHOOL: _____		YES ___ NO ___

---

**EMPLOYMENT HISTORY: LIST BELOW LAST TWO EMPLOYERS STARTING WITH CURRENT/ RECENT.**

1. EMPLOYER NAME/ADDRESS: \_\_\_\_\_  
FROM: \_\_\_\_\_ TO: \_\_\_\_\_ POSITION: \_\_\_\_\_ SALARY: \_\_\_\_\_  
WORK PERFORMED: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_ SUPERVISOR'S NAME: \_\_\_\_\_

2. EMPLOYER NAME/ADDRESS: \_\_\_\_\_  
FROM: \_\_\_\_\_ TO: \_\_\_\_\_ POSITION: \_\_\_\_\_ SALARY: \_\_\_\_\_  
WORK PERFORMED: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_ SUPERVISOR'S NAME: \_\_\_\_\_

---

**PERSONAL REFERENCES:**

1. NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_ BUSINESS: \_\_\_\_\_ YEARS KNOWN: \_\_\_\_\_

2. NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_ BUSINESS: \_\_\_\_\_ YEARS KNOWN: \_\_\_\_\_

# INTERVIEW QUESTIONNAIRE

1. Desired Employment – Please check:

- Crew Foreman: Maintenance
- Crew Member: Maintenance (train to be foreman)
- General Laborer
- Landscape Installation: Foreman
- Landscape Installation: Crew Member
- Irrigation Tech
- Office
- Supervisor/Account Manager

NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently employed? YES / NO, May we contact your present employer? \_\_\_\_\_

2. Where did you see our help wanted ad ( how did you find us)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. What's going on with you? Why are you interested in a position with our company? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. What is the BEST job you have had and why? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. What is the WORST job you have had and why? \_\_\_\_\_  
\_\_\_\_\_

---

---

6. What is the lowest pay you would accept if offered a job at our company?\_\_\_\_\_

7. If offered a job, when would you be able to start?\_\_\_\_\_

8. Do you have a valid driver's license? Yes \_\_\_ No\_\_\_  
Please explain: \_\_\_\_\_

9. Do you have experience driving a truck with a trailer? Yes\_\_\_ No\_\_\_  
Please describe: \_\_\_\_\_

10. Do you have your limited spray license (to legally spray round up)?  
Yes\_\_\_ No\_\_\_

11. Have you ever applied for a job at DS Landscape & Maintenance, Inc. before?  
Yes\_\_\_ No\_\_\_  
Please explain: \_\_\_\_\_

12. Do you have experience with the following equipment, tools, services, etc.? If yes, please explain briefly:

- |                    |        |       |
|--------------------|--------|-------|
| Riding Mowers:     | Yes/No | _____ |
| Walk-behind Mowers | Yes/No | _____ |
| String Trimmers    | Yes/No | _____ |
| Stick Edgers       | Yes/No | _____ |
| Bob Cat/Skid steer | Yes/No | _____ |
| Landscape Install  | Yes/No | _____ |
| Pruning/detail     | Yes/No | _____ |
| Tree Work          | Yes/No | _____ |
| Hedging            | Yes/No | _____ |
| Hardscapes         | Yes/No | _____ |
| Irrigation         | Yes/No | _____ |
| Mechanical/repairs | Yes/No | _____ |

13. Please list any additional training, skills or trades you are experienced in:\_\_\_\_\_

14. Please list any applicable licenses or certifications you currently hold:

---

---

15. Have you ever been convicted of a felony? Yes\_\_\_ No\_\_\_  
Please explain: \_\_\_\_\_

16. Are you currently on supervised probation? Yes \_\_\_ No \_\_\_  
Please explain: \_\_\_\_\_

17. Are you currently under the care of a physician or taking any prescription medication for medical issues at this time? Yes\_\_\_ No\_\_\_  
Please explain: \_\_\_\_\_

18. If required would you willingly submit to random drug screens?  
Yes\_\_\_ No\_\_\_  
Please explain: \_\_\_\_\_

19. Is there any physical or medical condition that would impair or prevent your ability to operate equipment and machinery and/or drive a motorized vehicle? Yes\_\_\_ No\_\_\_  
Please explain: \_\_\_\_\_

I certify that the facts contained in this application are true and complete to the best of my knowledge, and understand that if employed, falsified statements on this application shall be grounds for immediate dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give DS Landscape & Maintenance, Inc. any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release DS Landscape & Maintenance, Inc. from all liability for any damage that may result from the utilization of such information.

Date: \_\_\_\_\_ Signature \_\_\_\_\_

DS Landscape & Maintenance Inc. is an equal opportunity employer.