

APPLICATION FOR EMPLOYMENT

INTEGRATED LANDSCAPING OF ASHEVILLE, LLC 26 MILLER ROAD EAST ASHEVILLE, NC 28805

PERSONAL INFORMATION:

Name (First, MI, Last) _____ Date of Birth _____

Address _____

Phone Number _____ How heard of position _____

Are you eligible to work in the United States? _____ E-mail address _____

Position Applied For _____ Pay rate desired _____

Days/Hours Available _____ Date you're available to start work? _____

Driver's License: Number _____ State _____

Are you applying for:

- Temporary work – such as summer or holiday work? ☐ Y or ☐ N
- Regular part-time work? ☐ Y or ☐ N
- Regular full-time work? ☐ Y or ☐ N

If hired, would you have reliable transportation to/from work? ☐ Y or ☐ N

Do you have any points, moving violations or DUIs currently on your driving record? ☐ Y or ☐ N

If yes, please explain _____

Are you able to perform the essential functions of the job for which you are applying, either with / without reasonable accommodation? ☐ Y or ☐ N

Do you have any injuries or pre-existing conditions that could affect your ability to do this work or that could be exacerbated by this work? ☐ Y or ☐ N

If yes, please explain _____

EDUCATION:

Highest Level of Education - Name and Address of School - Degree/Diploma - Graduation Date

Other Skills and Qualifications: Licenses, Skills, Training, Awards

PLEASE TELL ME ABOUT YOURSELF:

Tell me about your landscaping experience; your talents and strengths:

Tell me about other related experience i.e., nursery work, gardening, maintenance, construction; your talents and strengths:

Describe your work ethic: _____

Tell me about your personal level of interest/commitment is in landscaping: _____

Tell me about your communication style: _____

Tell me about your approach to safety: _____

Tell me about your organizational skills _____

EMPLOYMENT HISTORY:

Are you currently employed? ☐ Y or ☐ N

If you are currently employed, may we contact your current employer? ☐ Y or ☐ N

Below, please describe past and present employment positions, dating back 5 - 10 years, starting with most recent and working back.

Employer: _____
Address: _____
Position/
Responsibilities: _____

Dates of Employment _____ Wage _____
Reason for Leaving: _____
Name of person we can contact regarding this position and their phone number or e-mail address

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Is there anything else you would like me to know:

I certify that information contained in this application is true and complete.

Signature: _____ Date: _____