

INDIGENOUS LANDSCAPING, INC.

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION Complete *all* applicable information

Name (Full - Last, First, MI)					
Position(s) applied for:			Are you willing to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Weekends <input type="checkbox"/> Evenings <input type="checkbox"/> Nights		
Street Address:		City	State	Zip	
Home Phone	Email	Have you previously been employed by our company under your current or any other name? <input type="checkbox"/> Yes <input type="checkbox"/> No Name?			
Mobile Phone	Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			When could you start employment?	
Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Have you ever applied for employment with our company under your current or any other name? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you ever been convicted of a Felony or Misdemeanor Crime? <input type="checkbox"/> No <input type="checkbox"/> Yes; Please Explain:			
When?	Where?	Name?			

EMPLOYMENT HISTORY (List below last three employers, starting with the most recent one first)

Present or Last Position		Name of Company		From Mo/Yr	To Mo/Yr	
Street Address:			City	State	Zip	
Duties:			Reason for Leaving:			
Starting Annual Salary	Final Annual Salary	Bonus	Commission	May we contact your supervisor?		
Name of Supervisor		Title and Department of Supervisor		Phone Number of Supervisor		
Next Previous Position		Name of Company		From Mo/Yr	To Mo/Yr	
Street Address			City	State	Zip	
Duties:			Reason for Leaving:			
Starting Annual Salary	Final Annual Salary	Bonus	Commission			
Name of Supervisor		Title and Department of Supervisor		Phone Number of Supervisor		
Next Previous Position		Name of Company		From Mo/Yr	To Mo/Yr	
Street Address			City	State	Zip	
Duties:			Reason for Leaving:			
Starting Annual Salary	Final Annual Salary	Bonus	Commission			
Name of Supervisor		Title and Department of Supervisor		Phone Number of Supervisor		

EDUCATION INFORMATION

High School or GED	Address	City	State	Degree	Subjects Studied	
College	Address	City	State	Degree	Major	GPA
College	Address	City	State	Degree	Major	GPA
Graduate School	Address	City	State	Degree	Major	GPA
Other	Address	City	State	Degree	Major	GPA

GENERAL

Additional Space (if needed):

Do you have a valid driver's license? Yes ___ No ___
What specific landscape construction, retaining wall, segmental paving experience do you have? Or training have you received?

If applying for a general office position:
Do you have computer skills? ___ Yes ___ No
Words/Minute:

If applying for a general office position:
Accounts Receivable skills ___ Yes ___ No
Accounts Payable skills ___ Yes ___ No

In what computer software programs are you **proficient**? [Name the package(s).]

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY

In consideration of my employment, I agree to conform to the policies and procedures of Indigenous Landscaping, Inc.. I understand that in accepting this application, Indigenous Landscaping, Inc. is in no way obligated to provide me with employment and that I am not obligated to accept employment if offered. Furthermore, if employed, I understand that I am employed at will and that my employment and compensation can be terminated with or without cause, and with or without notice at any time.

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that any falsified statements on this application or omission of fact on either this application or during the pre-employment process will result in my application being rejected, or, if I am hired, in my employment being terminated.

Indigenous Landscaping, Inc. will consider this application active for 60 days after receipt or until the position for which the application is submitted is filled, whichever occurs last. Thereafter, I must reapply if I remain interested in employment with Indigenous Landscaping, Inc.

Any offer of employment I may receive from Indigenous Landscaping, Inc. is contingent upon my successful completion of the Company's total pre-employment screening process, including the Company's receiving references that it considers satisfactory, and my satisfactory completion of any post-job offer pre-employment physical examination that the Company may require.

I understand that as a condition of employment I may be required to undergo and successfully pass a screening for drugs. I also understand and agree that, if employed, I may be required to submit to an alcohol or drug screening in accordance with Indigenous Landscaping, Inc.'s Drug Free Workplace Policy.

In processing my application for employment, the Company may verify all of the information provided by me. I authorize and request that all of my present and former employers and those individuals I have listed as personal references furnish information about my employment record, including a statement of the reason for the termination of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment. I hereby release them from any and all liability for damages arising from furnishing the requested information.

Date

Signature