



P.O. Box 561  
Leander, TX 78646  
512-577-5209

## Employment Application

### Personal Information

Name \_\_\_\_\_ Date \_\_\_\_\_

Current Address \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ Are you 18 years of age or older? \_\_\_\_\_

Are you prevented from lawful employment in the U.S. because of visa or immigration status? \_\_\_\_\_

### Employment Desired

Position \_\_\_\_\_ Date you can start \_\_\_\_\_

Wage desired \$ \_\_\_\_\_ Are you available for full or part time hours? \_\_\_\_\_

Are you currently attending school? \_\_\_\_\_ Are you employed now? \_\_\_\_\_

### Education (Starting with High School.)

School, Name & Address	Course of Study	Years Completed	Degree/Cert./Diploma

### Work Experience (Describe all work experience, starting with most recent.)

Position:	Name of Organization:	<input type="checkbox"/> Part time
Phone Number:	Supervisor:                      May we contact?	<input type="checkbox"/> Full time
City:	State:                      Dates Employed:	<input type="checkbox"/> Volunteer
Duties:	Starting Wage:                      Ending Wage:	<input type="checkbox"/> Other
Position:	Name of Organization:	<input type="checkbox"/> Part time
Phone Number:	Supervisor:                      May we contact?	<input type="checkbox"/> Full time
City:	State:                      Dates Employed:	<input type="checkbox"/> Volunteer
Duties:	Starting Wage:                      Ending Wage:	<input type="checkbox"/> Other
Position:	Name of Organization:	<input type="checkbox"/> Part time
Phone Number:	Supervisor:                      May we contact?	<input type="checkbox"/> Full time
City:	State:                      Dates Employed:	<input type="checkbox"/> Volunteer
Duties:	Starting Wage:                      Ending Wage:	<input type="checkbox"/> Other

## Special

Any specialized training? \_\_\_\_\_ Where? \_\_\_\_\_  
License (CDL, Hydraulic, etc.) \_\_\_\_\_ Is it up to date? \_\_\_\_\_  
Equipment operation experience? \_\_\_\_\_ What? \_\_\_\_\_ How long? \_\_\_\_\_

## Professional References (Professional references only, do not list family members or friends.)

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Years Known \_\_\_\_\_  
Occupation \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Best time to Contact \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Years Known \_\_\_\_\_  
Occupation \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Best time to Contact \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Years Known \_\_\_\_\_  
Occupation \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Best time to Contact \_\_\_\_\_

## Special Considerations for General Landscape (Answers will not disqualify you from consideration)

Are you able to bend to lift from the ground? Y \_\_\_\_\_ N \_\_\_\_\_  
Are you able to work outdoors in all seasons? Y \_\_\_\_\_ N \_\_\_\_\_  
Are you able to drive a vehicle with a trailer? Y \_\_\_\_\_ N \_\_\_\_\_  
Are you able to do handwork with a hoe, rake or other tool? Y \_\_\_\_\_ N \_\_\_\_\_  
Are you able to handle gasoline, diesel fuel, insecticides, etc.? Y \_\_\_\_\_ N \_\_\_\_\_  
Are you able to spend hours on your feet? Y \_\_\_\_\_ N \_\_\_\_\_  
Are you able to lift heavy loads up to 80 pounds? Y \_\_\_\_\_ N \_\_\_\_\_  
Are you able to extend your hours to complete a job? Y \_\_\_\_\_ N \_\_\_\_\_  
Do you have pre-existing knowledge of plants, gardening and/or landscaping? Y \_\_\_\_\_ N \_\_\_\_\_

\*If you answered yes to the last question, please describe here: \_\_\_\_\_  
\_\_\_\_\_

If you answered no to any of the above questions, please explain why here: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Emergency Contact Information

In case of emergency please notify \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_

## Applicant Statement

\*I certify that all of the information I have provided in order to apply for and secure work with the employer is true, complete and correct.

\*I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references, employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume, or job interview.

I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

\*I understand that 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 a basis prohibited by applicable local, state or federal law.

\*I understand that this application remains current for 90 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

\*If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same rights to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specific period or defined duration. I understand that no supervisor or representative of the employer is authorized to make any assurance to the contrary and that no implied, oral or written agreements contrary to the foregoing expressed language are valid unless they are in writing and signed by the employer's president.

\*I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

\*I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service whenever it is discovered.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT! I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement:**

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_