## ASHTON LANDSCAPING APPLICATION FOR EMPLOYMENT

Please complete all sections

Application Information
Applicant Name
Home Phone Other
Current Address
City ST Zip
How long have your resided at the above address
Employment Positions
Position Applying for
Are you applying for: Full Time [ ] Part-Time [ ]
What days and hours are you available for work?
If hired, on what date can you start working?
Can you work on the weekends? [ ] Y [ ] N Can you work on the evenings? [ ] Y [ ]
Desired Salary \$
Personal Information
Have you ever applied to / worked for Ashton Landscaping before? [ ] Y [ ] N
If yes, please explain (include date):
Are you over the age of 18? [ ] Y [ ] N (If under 18, hire is subject to verification of minimum legal age)
Do you have any physical issues that would prevent you from performing job requirements
[ ]Y [ ]N
What is your means of transportation to work?
Do you have a Drivers License? [ ] Y [ ] N
Drivers License Number State of Issue Operator
Commercial (CDL) Expiration Date
Have you had any accidents and/or moving violations in the past three years?
[ ] Y [ ] N If yes, how many?
Have you ever been convicted of a criminal offense (felony/misdemeanor)? [ ] Y [ ] N
If yes, please describe the crime – state nature of the crime(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.
EDUCATION, TRAINING AND EXPERIENCE
High School School Name
School Address
Number of years completed
Did you graduate? [ ] Y [ ] N

Degree / Diploma Earned	<u> </u>	
College School School Name		
School Address	City	ST
Number of years completed		
Did you graduate? [ ] Y [ ] N		
Degree / Diploma Earned		
Business or Trade School School Name		
School Address	City	ST
Number of years completed		
Did you graduate? [ ] Y [ ] N		
Degree / Diploma Earned	<u> </u>	
If you answered yes to the above question, please cheese Installation		
WORK EXPERIENCE		
Are you currently employed? [ ] Y [ ] N		
If yes, may we contact your current employer?		
Below, please describe past and present employment account for all periods of unemployment. Even if you be completed.  Name of employer	have attached	a resume, this section mus
Address		
Phone number ()		
Length or Employment (Include Dates) From	To	
Pay or salary (optional)		
Job Title		
Reason for leaving (be specific)		
Position & Responsibilities/Tasks		
May we contact this employer for references? [	] Y [ ] N	

Name of employer		
Name of supervisor		
Address		
Phone number ()		
Length or Employment (Include Dates) From	To	
Pay or salary (optional)		
Job Title		
Reason for leaving (be specific)		
Position & Responsibilities/Tasks		
May we contact this employer for references?	[ ] Y [ ] N	
Name of employer		
Name of supervisor		
Address		
Phone number ()		
Length or Employment (Include Dates) From	To	
Pay or salary (optional)		
Job Title		
Reason for leaving (be specific)		
Position & Responsibilities/Tasks		
May we contact this employer for references?  REFERENCES	[ ] Y [ ] N	
Please list two references other than relatives of Name		ers.
Telephone Number		
Address	City	ST
Occupation		
Name	_	
Telephone Number	<u> </u>	
Address	City	ST
Occupation		
Did you complete this application yourself?	_YesNo	
Signature D	ate	-