

EMPLOYMENT APPLICATION

Bellas Landscaping is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, national origin, or any other basis prohibited by federal or state law.

PERSONAL INFORMATION (Please print)					
Name	Last	First	Middle	Social Security Number	Date (M/D/Y)
Other names by which you are known _____					
Are you at least 18 years of age?			Yes	No	
Are you legally eligible for employment in the U.S.?			Yes	No	
Do you have a current valid drivers license?			Yes	No	
Driving convictions _____					
License Number _____			State _____	Class _____	
Have you been convicted of a crime in the last seven (7) years?			Yes	No	
Present Address		Street	City	State	Zip Code
Permanent Address		Street	City	State	Zip Code
Phone Number		Daytime	Evening		
Emergency Contact					
Name			Phone		
EDUCATION					
		Name and Address of School	Circle last year completed	Subjects studied	
High School			1 2 3 4		
College			1 2 3 4		
Trade or Correspondence School			1 2 3 4		
SKILLS					
<input type="checkbox"/>	Aeration	<input type="checkbox"/>	Mowing		
<input type="checkbox"/>	Bobcat work	<input type="checkbox"/>	Mulching		
<input type="checkbox"/>	Concrete work	<input type="checkbox"/>	Patio construction		
<input type="checkbox"/>	Design	<input type="checkbox"/>	Plantings		
<input type="checkbox"/>	Equipment repair	<input type="checkbox"/>	Retaining walls		
<input type="checkbox"/>	Excavation	<input type="checkbox"/>	Seeding		
<input type="checkbox"/>	Grading	<input type="checkbox"/>	Snow removal		
List any additional skills that might be useful:					

Is the customer always right?
Why would you like to work for Bellas Landscaping?
Describe a specific situation where you provided excellent customer service. Why was this effective?

FORMER EMPLOYERS			
From	Current Employer (Name & Address of employer)	Pay	Position
To			
Duties performed			
Supervisor's Name		Phone number	May we contact?
From	Current Employer (Name & Address of employer)	Pay	Position
To			
Duties performed			
Supervisor's Name		Phone number	May we contact?
From	Current Employer (Name & Address of employer)	Pay	Position
To			
Duties performed			
Supervisor's Name		Phone number	May we contact?

REFERENCES			
Name	Address & Phone Number	Business	How do you know this person?
1.			
2.			
3.			

I authorize Bellas Landscaping to thoroughly investigate my background, references, employment record and other matters related to my suitability for employment. I authorize persons, schools, my current employer (if applicable) and previous employers and organizations contacted by Bellas Landscaping to provide any relevant information regarding my current and/or previous employment and I release all persons, schools, employers of any and all claims for providing such information. I understand that misrepresentation or omission of facts may result in rejection of this application, or if hired, discipline up to and including dismissal. I understand that I may be required to sign a confidentiality and/or non-compete agreement, should I become an employee of Bellas Landscaping. I understand that nothing contained in this application, or conveyed during any interview which may be granted, is intended to create an employment contract. I understand that filling out this form does not indicate there is a position open and does not obligate Bellas Landscaping to hire me. I understand that the nature of the work is seasonal. I understand and agree that my employment is at will, which means that it is for no specified period and may be terminated by me or Bellas Landscaping at any time without prior notice for any reason.

Date _____ Signature _____

Bellas Landscaping maintains a non smoking environment.

Please save this file with your name in front of Bellas Landscaping Employment Application.pdf (ie, yourname Bellas Landscaping Employment Application.pdf. Then upload the file online at www.bellaslandscaping.com/apply