

# APPLICATION FOR EMPLOYMENT

GOTTLIEB LANDSCAPE DESIGN, LLC.

APPLICANT INFORMATION				DATE:					
LAST NAME		FIRST		MIDDLE INITIAL		SOCIAL SECURITY NO.			
CURRENT STREET ADDRESS				CITY		STATE		ZIP CODE	
PERMANANT STREET ADDRESS				CITY		STATE		ZIP CODE	
PHONE		E-MAIL ADDRESS				OTHER			
ARE YOU A CITIZEN OF THE UNITED STATES? YES <input type="checkbox"/> NO <input type="checkbox"/> IF NO, ARE YOU AUTHORIZED TO WORK IN THE UNITED STATES? YES <input type="checkbox"/> NO <input type="checkbox"/>									
HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES <input type="checkbox"/> NO <input type="checkbox"/>					ARE YOU 18 YEARS OR OLDER? YES <input type="checkbox"/> NO <input type="checkbox"/>				

EMERGENCY CONTACT INFORMATION							
NAME		ADDRESS		PHONE #		RELATION	

POSITION DESIRED					
POSITION APPLIED FOR		DATE AVAILABLE		DESIRED WAGE	
ARE YOU CURRENTLY EMPLOYED? YES <input type="checkbox"/> NO <input type="checkbox"/> IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>					
HAVE YOU EVER APPLIED AT GOTTLIEB LANDSCAPE DESIGN BEFORE? YES <input type="checkbox"/> NO <input type="checkbox"/> IF SO, WHEN?					REFERRED BY:

EDUCATION/TRAINING						
NAME		LOCATION (CITY & STATE)		YEARS ATTENDED	GRADUATE?	SUBJECTS STUDIED
HIGHSCHOOL				FROM TO	YES NO	
COLLEGE						
OTHER						
SPECIAL SKILLS OR TRAINING:						
SUBJECTS OF SPECIAL STUDY OR RESEARCH						

MILITARY SERVICE				
BRANCH:		FROM TO	RANK AT DISCHARGE:	TYPE OF DISCHARGE:

## EMPLOYMENT HISTORY

COMPANY:	PHONE:	START DATE:	END DATE:	HOURLY WAGE:
ADDRESS (City and State)		SUPERVISOR	MAY WE CONTACT EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>	
JOB TITLE:		RESPONSIBILITIES:		
REASON FOR LEAVING:				

COMPANY:	PHONE:	START DATE:	END DATE:	HOURLY WAGE:
ADDRESS (City and State)		SUPERVISOR	MAY WE CONTACT EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>	
JOB TITLE:		RESPONSIBILITIES:		
REASON FOR LEAVING:				

COMPANY:	PHONE:	START DATE:	END DATE:	HOURLY WAGE:
ADDRESS (City and State)		SUPERVISOR	MAY WE CONTACT EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>	
JOB TITLE:		RESPONSIBILITIES:		
REASON FOR LEAVING:				

## REFERENCES *Please list three professional references not related to you*

FULL NAME:	TITLE:	PHONE:	RELATIONSHIP:
COMPANY:	ADDRESS (City & State)		YEARS AQUAINTED

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COMPANY:	ADDRESS (City & State)		YEARS AQUAINTED

I certify that all information submitted by me on this application is true and complete, and I understand that if any false information, omission, or misrepresentation is discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time. I understand that nothing in this application constitutes an offer of employment. In consideration of my employment I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company. I understand that no company representative other than its president, and then only when in writing and signed by the President, has any authority to enter into any agreement for employment for any specific period of time.

DATE:	SIGNATURE (Type full name if applying online)
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