

**NELSON LANDSCAPE, INC.**  
Employment Application



APPLICANT INFORMATION												
Last Name			First			M.I.		Date				
Street Address						Apartment/Unit #						
City				State				ZIP				
Phone				E-mail Address								
Date Available			Social Security No.			Desired Salary						
Position Applied for												
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 U.S.?			YES <input type="checkbox"/>		NO <input type="checkbox"/>
Have you ever worked for this company?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If so, when?					
Have you ever been convicted of a felony?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, explain					
EDUCATION												
High School			Address									
From	To	Did you graduate?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
College			Address									
From	To	Did you graduate?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
Other			Address									
From	To	Did you graduate?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
REFERENCES												
<i>Please list three professional references.</i>												
Full Name					Relationship							
Company					Phone							
Address												
Full Name					Relationship							
Company					Phone							
Address												
Full Name					Relationship							
Company					Phone							
Address												

**PREVIOUS EMPLOYMENT**

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

**MILITARY SERVICE**

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

**ADDITIONAL INFORMATION**

Are you able to work 40+ hours a week, including some weekends? YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you hold any additional certifications, skills, or licenses that would be beneficial to Nelson Landscape, Inc.?
Please list:
Do you have experience operating equipment?
Please Explain:
Do you hold a current CDL? YES <input type="checkbox"/> NO <input type="checkbox"/>

Do you hold a valid driver's license?

YES  NO

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date

\*No additional qualifications are needed to apply for a position; however, please feel free to attach a resume or any other additional information you would like to share with Nelson Landscape, Inc. to be used in consideration for a position with our Company.

## Authorization & Release

NAME:

\_\_\_\_\_ *Please Print*

ADDRESS:

\_\_\_\_\_ *Street Address*

\_\_\_\_\_ *City*

\_\_\_\_\_ *State*

\_\_\_\_\_ *Zip Code*

Hereby authorizes Nelson Landscape, Inc. or its agents or representatives to solicit and information, or opinions, verbal or written, pertaining to the undersigned.

This authorization and release allows Nelson Landscape, Inc. to investigate all statements and information contained within the application for employment. This authorization also allows Nelson Landscape, Inc. to contact the following persons including, but not limited to, any law enforcement agency, and Local, State, or Federal government agency, and the U.S. Armed Forces.

Furthermore, Nelson Landscape, Inc. may contact any person, school, current and past employer, and organization to provide relevant information and opinions in order to make hiring decisions.

A copy of this authorization shall constitute an original when it is signed by the undersigned.

This authorization shall be effective of six (6) months following the date of execution.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
*Signature of Applicant*

Witnessed by: \_\_\_\_\_ Printed Name: \_\_\_\_\_  
*Signature of Witness* *Printed name of Witness*

## Confidential Additional Applicant Information

No applicant shall be discriminated against because of race, color, creed, religion, sex, sexual orientation, marital status, national origin, ancestry, age, arrest or non-job related conviction record, or non-job related physical or mental disability.

**Completion of the below form is voluntary.** We ask however, for your cooperation in completing the following information. It will be treated confidentially and only used to help us monitor the Nelson Landscape, Inc. Affirmative Action efforts and to comply with Federal recordkeeping requirements. This information will in no way be used in the decision to hire or promote.

NAME: \_\_\_\_\_  
Last First MI

1. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

2. **SEX/RACIAL/ETHNIC IDENTIFICATION:** Check the box that most accurately describes your sex and racial/ethnic identity (select only one). Please note that, if necessary, verification must be provided.

\_\_\_\_\_ **White** (not of Hispanic origin- Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East)

\_\_\_\_\_ **Black** (not of Hispanic origin- Persons having origins in any of the Black racial groups of Africa)

\_\_\_\_\_ **Hispanic** (persons of Mexican, Puerto Rican, Cuban, Central or South America, of Spanish culture or origin, regardless of race)

\_\_\_\_\_ **Asian or Pacific Islander** (persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Sub-continent, or the Pacific Islands). (For example, China, India, Japan, Korea, the Philippine Islands and Samoa)

\_\_\_\_\_ **American Indian\* or Alaskan Native** (persons having origins in any of the original peoples of North America **and who Maintain cultural identification through tribal affiliation or community recognition**)

\*Name of Tribe \_\_\_\_\_

Agency or reservation where tribal enrollment records are kept: \_\_\_\_\_

3. Do you consider yourself to be disabled? Yes:\_\_\_\_\_ No:\_\_\_\_\_

An individual who is disabled is: any person who has a physical or mental impairment which substantially limits one or more of such person's major life activities, or has a record of such impairment or is regarded as having such impairment. Major life activities, which might be substantially limited by such impairment include: walking, talking, or otherwise communication, self-care, socialization, work training, employment, transportation, or adaption to housing.

**I have read the foregoing and it is accurate to the best of my knowledge.**

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_