



GREENLEAF LANDSCAPING, INC.
AN EQUAL OPPORTUNITY EMPLOYER

DATE _____

LAST NAME		FIRST NAME	M.I.	SOCIAL SECURITY NO.	
ADDRESS		CITY		STATE	ZIP
PRIMARY PHONE NO.	ALTERNATE PHONE NO.		ARE YOU 18 YEARS OR OLDER?	<input type="checkbox"/> NO	<input type="checkbox"/> YES

DESIRED POSITION	DATE AVAILABLE TO START	DESIRED SALARY
WHAT HOURS ARE YOU AVAILABLE?		
DO YOU HAVE ANY SUPERVISORY EXPERIENCE? IF SO, PLEASE PROVIDE DETAILS		
ARE YOU CURRENTLY EMPLOYED?	<input type="checkbox"/> NO <input type="checkbox"/> YES	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?
		<input type="checkbox"/> NO <input type="checkbox"/> YES

PLEASE CHECK ANY THAT APPLY AND PROVIDE RELEVANT INFORMATION:

HAVE APPLIED AT GREENLEAF BEFORE:	POSITION	DATE
WAS EMPLOYED AT GREENLEAF BEFORE:	POSITION	DATE

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES?	<input type="checkbox"/> NO <input type="checkbox"/> YES	DRIVERS LICENSE NO.	STATE
HAVE YOU EVER PLED "GUILTY" OR "NO CONTEST" TO, OR BEEN CONVICTED OF A CRIME? IF YES, GIVE DATES AND EXPLAIN	<input type="checkbox"/> NO <input type="checkbox"/> YES		

HIGH SCHOOL	CITY	STATE	YEARS ATTENDED	DID YOU GRADUATE?
COLLEGE	CITY	STATE	YEARS ATTENDED	MAJOR/DEGREE
TRADE/BUSINESS	CITY	STATE	YEARS ATTENDED	MAJOR/DEGREE

U.S. MILITARY SERVICE	DATES	RANK
JOB-RELATED TRAINING OR CERTIFICATIONS		

CONTINUED ON BACK

PLEASE BEGIN WITH MOST RECENT EMPLOYER

DATES	EMPLOYER NAME/ADDRESS	SALARY	POSITION	REASON FOR LEAVING
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PERSONS NOT RELATED TO YOU WHOM YOU HAVE KNOWN FOR AT LEAST A YEAR

NAME	PHONE NUM.	RELATIONSHIP	YEARS KNOWN
NAME	PHONE NUM.	RELATIONSHIP	YEARS KNOWN
NAME	PHONE NUM.	RELATIONSHIP	YEARS KNOWN

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative."

SIGNATURE _____

DATE _____

FOR OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY: _____

EXPERIENCE					ABILITY				
PERSONALITY					CHARACTER				
HIRED	DEPT.	POSITION	WILL REPORT	SALARY/WAGES					
_____					_____				
EMPLOYMENT MANAGER					GENERAL MANAGER				