



ARTISTIC LANDSCAPING & LAWN MAINTENANCE, INC.

4835 Corlett St Tallahassee Florida 32303

Website: www.artisticllm.com | Email: info@artisticllm.com

Phone: 850-656-2919

APPLICATION FOR EMPLOYMENT

We offer equal employment opportunities to all persons without discrimination on the basis of race, color, religion, age, marital status, sex, national origin or any other legally protected status.

PERSONAL INFORMATION Please print and complete ALL information email to info@artisticllm.com

Name (Full - Last, First, MI)		Email Address:	
Position(s) applied for:		I am applying for any of the following work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal	
Street Address:		City	State Zip
Home Phone:	Other Phone:	Have you previously been employed by our company? <input type="checkbox"/> Yes <input type="checkbox"/> No When?	
Social Security Number:		When could you start employment?	
Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		Can you provide proof of identity and employment eligibility? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever applied for employment with our company? <input type="checkbox"/> Yes <input type="checkbox"/> No When?		Have you ever been convicted of a felony? Yes; Explain on reverse side <input type="checkbox"/> No	


EMPLOYMENT HISTORY (List below last three employers, starting with the most recent one first)

Present or Last Position		Name of Company		From Mo/Yr		To Mo/Yr	
Street Address:		City		State		Zip	
Type of Work:		Reason for Leaving:					
Starting Pay Rate	Ending Pay Rate	Bonus	Commission	May we contact supervisor?			
Name of Supervisor		Title and Department of Supervisor		Phone Number of Supervisor			
Next Previous Position		Name of Company		From Mo/Yr		To Mo/Yr	
Street Address		City		State		Zip	
Type of Work:		Reason for Leaving:					
Starting Pay Rate	Ending Pay Rate	Bonus	Commission				
Name of Supervisor		Title and Department of Supervisor		Phone Number of Supervisor			
Next Previous Position		Name of Company		From Mo/Yr		To Mo/Yr	
Street Address		City		State		Zip	
Type of Work:		Reason for Leaving:					
Starting Pay Rate	Ending Pay Rate	Bonus	Commission				
Name of Supervisor		Title and Department of Supervisor		Phone Number of Supervisor			

EDUCATION INFORMATION

High School or GED	City	State	Degree	Subjects Studied	
College	City	State	Degree	Major	GPA
Graduate School	City	State	Degree	Major	GPA
Other	City	State	Degree	Major	GPA

Additional Questions

Do you have a valid driver's license in good standing? Yes ___ No ___
Please list your specific landscape construction or horticultural maintenance skills, training and certificates.
Do you have a valid pesticide license? Yes ___ No ___
Please describe your computer and other technical skills, knowledge and expertise.
How can employment with Artistic Landscaping, Inc. help you get what you want from life?
Name a popular summer flowering deciduous tree in central North Florida.
Name a popular spring flowering shrub in central North Florida.
Please find the area of this rectangle:  16' 62' A = _____
Jeff and John go to Mrs. Jones Home to mow the lawn and prune the shrubs. They arrive at 8:30 a.m. and complete the job and depart at 9:45 a.m. What is the total man hours used on the Jones account?
Circle only the ground cover plants: Liriope Mondo Grass English Ivy Periwinkle Pampas Grass
Circle only the turf grasses: Fescue Yucca Bermuda Grass Zoysia Vinca

PLEASE READ AND INITIAL THE FOLLOWING STATEMENTS CAREFULLY

In consideration of my employment, I agree to conform to the policies and procedures of Artistic Landscaping, Inc., an equal opportunity employer that maintains a drug-free workplace. I understand that in accepting this application, Artistic Landscaping, Inc. is in no way obligated to provide me with employment and that I am not obligated to accept employment if offered. Furthermore, if employed, I understand that I am employed at will and that my employment and compensation can be terminated with or without cause, and with or without notice at anytime. I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that any falsified statements on this application or omission of fact on either this application or during the other pre-employment processes will result in my application being rejected, or, if I am hired, in my employment being terminated. I also understand that any offer of employment is conditioned on the completion and approval of pre-employment test results and documentation.

Initials _____

I authorize Artistic Landscaping, Inc. to request and obtain criminal background and credit reports regarding my background for employment purposes. I understand that these reports may contain information as to my character, general reputation, personal characteristics or mode of living.

Initials _____

I understand that as a condition of employment with Artistic Landscaping, Inc., I will be required to undergo a monitored pre-employment drug screening examination and may be subject to periodic drug testing. In submitting this signed application, I agree to undergo a monitored pre-employment drug screening examination and periodic drug testing.

Initials _____

I understand that as a condition of employment, if I am applying for a position that requires me to drive either vehicles owned by Artistic Landscaping or those owned by me, I must be approved and authorized by Artistic Landscaping's Insurance Company as an insured driver. In signing this application, I authorize Artistic Landscaping to submit a request to the Insurance Company to review my driving record for approval purposes.

Initials _____

I understand that as a condition of employment with Artistic Landscaping, Inc., I will not personally provide, sell or be hired elsewhere to perform landscaping or other related services outside of my employment with Artistic Landscaping, Inc.

Initials _____

I understand that this application is valid for ninety (90) days from the date I sign it. If I expect consideration beyond that date, I understand it is necessary to resubmit another completed application.

Initials _____

Signature

Date

For Office Use Only

Received by: _____

Date: _____

1. _____ 2. _____ 3. _____

Notes: _____