E.L.S. LANDSCAPING AND LAWN SERVICE L.L.C. APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION Complete all applicable information

Name (Full Last, First, MI) Date of Birth Position(s) applied for: Are you willing to work: ___ Full Time _ __ Part Time ___ Temporary ___ Weekends _ _ Evenings ___ Nights Street Address: Home Phone **Business Phone** Have you previously been employed by our company? __ Yes __ No Where? Are you legally authorized to work in the United States? __ Yes __ No When could you start employment? Have you ever applied for employment with our company?
__Yes __No When? Where? Have you ever been convicted of a felony? __ Yes; Explain on back. __ No __ Yes __ 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 From Mo/Yr Street Address: State Zip Duties: Reason for Leaving: Starting Annual Salary Final Annual Salary Bonus Commission May we contact your supervisor? Name of Supervisor Title and Department of Supervisor Phone Number of Supervisor From Mo/Yr Next Previous Position Name of Company From Mo/Yr Street Address: City State Zip Duties: Reason for Leaving: Starting Annual Salary Final Annual Salary Bonus Commission May we contact your supervisor? Name of Supervisor Title and Department of Supervisor Phone Number of Supervisor Next Previous Position Name of Company From Mo/Yr From Mo/Yr Street Address: City State Zip Reason for Leaving: Starting Annual Salary Final Annual Salary Bonus Commission May we contact your supervisor? Name of Supervisor Title and Department of Supervisor Phone Number of Supervisor **EDUCATION INFORMATION** High School or GED Address City State Degree Subjects Studied Address GPA College City State Major Degree College Address City State Degree Major **GPA** Graduate School Address City State Degree Major GPA Other GPA Address City State Degree Major

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GENERAL (Q&A FORM)

| Do you have a valid Drivers License? Yes No CDL: Yes No If Yes, What Class: What specific skills and experience do you have in the landscape construction industry? | |
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| 3) What training or certification do you have pertaining to the Landscape Industry? | |
| 4) What specific equipment can you operate? (I.e. skid loaders, trucks w/trailers, landscape tractors, etc.) | |
| 5) Where do you see your career heading three years from now? Long Term? | |
| 6) Any additional note or comments (If Needed) | |
| If applying for a office position | |
| | |
| Do you have computer Skills?YesNo | |
| Accounts Receivable Skills?YesNo | |
| Accounts Payable Skills?YesNo | |
| Words per Minute you can type: | |
| In what computer software programs are you proficient? | |
| | |
| | |
| PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY | |
| In consideration of my employment, I agree to conform to the policies and procedures of E.L.S Landscaping L.L.C. I understand that in accepting this application, E.L.S. Landscaping L.L.C. 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 any time. | |
| 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 pre-employment process will result in my application being rejected, or, if I am hired, in my employment being terminated. I authorize E.L.S. Landscaping L.L.C. to investigate the statements I have made. | |
| 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. | |
| I also understand that any offer of employment is conditioned on the completion of pre-employment tests and Documentation. I will, upon request, sign all necessary consent forms. | |
| Date Signature | |