



# EMPLOYMENT APPLICATION

Please complete and submit this entire Employment Application.

## Basic Information

<b>Position Desired:</b>		<b>Desired Pay Rate:</b>	<b>Date:</b>
<b>Name:</b>			
<small>Last Name</small>	<small>First Name</small>	<small>Middle Name</small>	
<b>Home Address:</b>			
<small>Street</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>
<b>Telephone:</b> Home: (    )		Cellular: (    )	E-mail
<b>Driver's License Number:</b>		<b>State:</b>	<b>Expiration Date:</b>

## EMPLOYMENT HISTORY

The information required below **must** be submitted on this Application. While you are welcome to attach a resume to this Application, it **will not** be accepted in lieu of completing any portion of this Application. For this section, please account for the last ten (10) years of employment beginning with your current or most recent employer. List all experiences that are relevant to the position for which you are applying.

<small>Employer</small>	<small>Title</small>	<small>Employed:</small>	
<small>Address</small>	<small>Street</small>	<small>City</small>	<small>State</small>
		<small>From (mm/yy)</small>	<small>To (mm/yy)</small>
		<small>Zip Code</small>	
<small>Supervisor's Name</small>			<small>Supervisor's Title</small>

Job Responsibilities:

  
  

<small>Employer</small>	<small>Title</small>	<small>Employed:</small>	
<small>Address</small>	<small>Street</small>	<small>City</small>	<small>State</small>
		<small>From (mm/yy)</small>	<small>To (mm/yy)</small>
		<small>Zip Code</small>	
<small>Supervisor's Name</small>			<small>Supervisor's Title</small>

Job Responsibilities:

  
  

<small>Employer</small>	<small>Title</small>	<small>Employed:</small>	
<small>Address</small>	<small>Street</small>	<small>City</small>	<small>State</small>
		<small>From (mm/yy)</small>	<small>To (mm/yy)</small>
		<small>Zip Code</small>	
<small>Supervisor's Name</small>			<small>Supervisor's Title</small>

Job Responsibilities:

**40 Shore Ave, Lakeville, MA 02347**  
**(508) 496-1315**  
**[www.welldonelandscapes.com](http://www.welldonelandscapes.com)**

## Education

Name of School	Location of School		Graduation Yes      No	Degree
High School	City	State		
College	City	State		
Licenses/Certificates				

Please list all relevant Licenses and/or Certificates here:

### ADDITIONAL INFORMATION

Are you legally authorized to work in the United States?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Did any Well Done Landscapes employee recommend you for this position?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Can you speak, read, and/or write in English?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Can you speak, read, and/or write in Spanish?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you at least 18 years of age?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Have you ever been fired from a job?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

### REFERENCES

Name	Relationship	Telephone Number (      )
Name	Relationship	Telephone Number (      )
Name	Relationship	Telephone Number (      )

### IN CASE OF EMERGENCY NOTIFY

Name	Relationship	Telephone Number (      )
Address	City and State	Zip Code

### PLEASE READ CAREFULLY

I fully understand this employment application, as well as other hiring documents, do not create an employment contract between Well Done Landscapes, LLC. and me. I understand that if I am hired and any of my answers are deemed to be false or misrepresentations, then I may be terminated. I fully understand that my employment is "at will", meaning that either myself or Well Done Landscapes, LLC. may terminate my employment at any time for any reason. I am fully aware and authorize Well Done Landscapes, LLC. to conduct a background investigation and/or a pre-employment drug test and/or physical examination on me as a condition of my employment. I grant full permission to Well Done Landscapes, LLC. to contact the above-mentioned references regarding my background. Well Done Landscapes, LLC. is committed to providing access and reasonable accommodation in its employment for individuals with disabilities.

Signature	Printed Name	Date

### OFFICE USE ONLY

Date of Employment	Position	Hourly Pay Rate
Hire Approved By	References Checked and Notes	