



THE PLANT MAN

LANDSCAPE & DESIGN

I. Personal Data

Date _____ SS Number _____ Telephone Number _____

Name _____
Last First Middle

Address _____ City _____ State _____

Are you over 18 years of age? Yes ___ No ___

II. Job Information

Position Preferred: Landscape Designer/Estimator ___ Operations Manager ___ Crew Leader ___

Crew Member ___ Office Manager ___ Office Staff ___ Other _____

Rate of pay Acceptable _____ Date Available _____

Are you a U.S. Citizen? Yes ___ No ___ If no, are you authorized to work in the U.S.? Yes ___ No ___

Are you currently employed? Yes ___ No ___ If yes, may we contact your present employer? _____

Have you ever worked for THE PLANT MAN LANDSCAPE & DESIGN or one of its subsidiaries? Yes ___ No ___

If yes, When _____ What position _____

III. Education

School Name and Address	Major Studies	Did you Graduate Circle one
High School		Yes No
College		Yes No
Business/Technical		Yes No
Other (explain)		Yes No

VI. References: (No relatives please):

Name	Address	Telephone	Occupation	Years Known

Have you ever been convicted of a crime (other than traffic or other minor violations?) Yes ____ No ____

If yes, please give the nature of the offense and other circumstances regarding conviction?

IV. Employment Record (List most recent job first)

Name and Address of employer	Date Begin/End MM/YYYY	Title, Dept. Supervisors Name	Major Duties	Salary/Wage Rate Begin/ End	Reason for Leaving

V. Military Service

Have you ever served in the U.S Armed Forces? Yes ____ No ____

If yes, Branch ____ Ranked Attained _____

Honors or Awards _____

Special Training _____

VII. Statement / Signature

THE PLANT MAN LANDSCAPE AND DESIGN requires that each employee be free from the effects of drugs or alcohol while performing tasks required by the job. As a condition of employment, each employee may be required to take a drug- screening test at the time of employment, or at any other time following employment if the Company believes that such a test is necessary for the safety and welfare of the employee, or fellow employees. Each applicant must agree to the following:

I hereby consent to a pre-employment drug-screening test. I understand and agree that any omission or falsification of this record may be cause for the disqualification of my application, or termination. Furthermore, if employed, I hereby authorize THE PLANT MAN LANDSCAPE AND DESIGN to require me to take a drug and alcohol-screening test in accordance with the current Company policy, covering drug and alcohol abuse. I understand that my refusal to take drug-screening test as required by the current Company policy shall result in my immediate discharge.

In completing and submitting this application, I understand and agree: That any misstatement of facts will be sufficient reason for immediate withdrawal of this application or in the event of employment, be cause for termination. That my previous employers may be asked for information concerning my employment, character, ability and experience. That no question on this application has been answered in such a manner as to disclose my sex, race, color, age, religion or national origin, disability or veteran status. I understand some positions may require further information, if employed. I agree to abide by all rules and regulations of THE PLANT MAN LANDSCAPE AND DESIGN. That THE PLANT MAN LANDSCAPE AND DESIGN shall be entitled to receive reports concerning injury or illness occurring during employment with THE PLANT MAN LANDSCAPE AND DESIGN from attending physicians or practitioners.

Signature

Date

SELF IDENTITY FORM

Social Security Number _____

Date _____ Name _____

You are invited to complete this section – Please refer to THE PLANT MAN LANDSCAPE AND DESIGN’s Equal Employment opportunity Policy or ask a project supervisor for this material.

Position Applying For _____

Gender (please mark one)

Male ____ Female ____

Race (please mark one)

Black ____ White ____ Hispanic ____ Oriental ____ Other ____

If other please list

Handicap Yes ____ No ____

Disabled Veteran Yes ____ No ____

Vietnam Era Veteran Yes ____ No ____

Any Skills/Procedures:

Any accommodations:

Any other Comments:

How were you referred to this company?

DRIVER HISTORY FORM

Driver's Name (Print) _____

Home Address _____

City _____ State _____ Zip _____

- 1. Do you have a valid Driver's License? Yes ____ No ____
- 2. In what state are you a Licensed Driver? _____
- 3. If you have held a license in any other state during the past 36 months, please provide the following information:

Dates		State
From _____	To _____	_____
From _____	To _____	_____

- 4. Have you been convicted of driving while impaired or under the influence of alcohol and/or drugs with the past three years? Yes ____ No ____

If Yes, give explanation(s) and date(s) _____

- 5. Have you been convicted of reckless driving, or leaving the scene of an accident, or committing a felony involving a vehicle with the past three years? Yes ____ No ____

If Yes, give explanation(s) and date(s) _____

- 6. Have you had your operator's license suspended, revoked or administratively restricted within the past three years? Yes ____ No ____

If Yes, give explanation(s) and date(s) _____

- 7. Have you been convicted or found at fault for any non-fatal accident involving a motor vehicle during the past three years? Yes ____ No ____

If Yes, give explanation(s) and date(s) _____

- 8. Have you been convicted or found at fault for any fatal accidents involving a motor vehicle during the past three years? Yes ____ No ____

If yes, give explanation(s) and date(s) _____

9. Have you been convicted of any other moving vehicle violations during the past 3 years? Yes ____ No ____

If yes, give explanation(s) and date(s) _____

10. Have you refused to submit to a Blood Alcohol Content (BAC) with the past three years? Yes ____ No ____

If Yes, give explanation(s) and date(s) _____

I certify that the answers provided to the questions on this form are true to the best of my knowledge.

I authorize THE PLANT MAN LANDSCAPE AND DESIGN or its designated representative(s) to obtain information regarding my driving record in any state at any time while I am employed by (or seeking employment with) the company.

I understand that any misstatement of the facts on this form may be grounds for termination of employment.

In the event that my MVR indicates that I am a "High Risk Driver" as defined in the glossary of the Fleet Safety Program, I understand that I may be subject to dismissal.

Driver's Signature

Date

Male ____ Female ____

Date of Birth ____/____/____

Driver's License Number _____ Expiration Date _____

State ____ Class of License _____

PERSONNEL QUESTIONNAIRE

Please print your name: _____

1. What type of work did you do on your last job?

2. Why did you leave your last job?

3. What would you change about your previous supervisor's management style?

4. What would you like to be doing three years from now?

5. What are your strong points as related to the work place?

6. List the specific skill you have as related to the job for which you are applying.

7. Are there any restraints on the hours you are available to work?

8. Place an "X" in the blank next to work for which you are most experienced.

Sprinkler Installation _____	Construction Equipment Operator _____
Landscape Installation _____	Construction Labor _____
Landscape Maintenance _____	Other (Specify) _____

9. What specific types of equipment are you most experienced in operating?

10. Do you have a current driver's license? Yes ____ No ____

License Number State Class Expiration Date