

Application for Employment

Name _____ Date of Application: _____
 Address _____
 City: _____ State: _____ Zip Code _____
 Phone No. () _____ Social Security No. _____
 Date of Birth: _____ Drivers License No _____
 Emergency Contact: _____ Phone No. () _____
 Relationship: _____

JOB INTEREST

Type of work desired? _____
 Date available for employment? _____
 Wage/Salary expected? \$ _____

PERSONAL DATA

Is your age: Under 18? yes no
 Are you a citizen of the USA? yes no
 Are you an alien authorized to work in the USA? yes no

EMPLOYMENT HISTORY

EMPLOYER: _____
ADDRESS: _____
Job Title: _____
Department: _____
Dates: from _____ to _____
Hourly Rate/Salary: Starting \$ _____ per _____
 Ending \$ _____ per _____



Landscaping ♦ Property Maintenance ♦ Tree Service

Where Creativity Inspires Green Growth

EMPLOYER: _____

ADDRESS: _____

Job Title: _____

Department: _____

Dates: from _____ to _____

Hourly Rate/Salary: Starting \$ _____ per _____
Ending \$ _____ per _____

ADDITIONAL INFORMATION

Please state any additional information you feel may be helpful to us in considering your application:

***** Please read the following information carefully before signing.*****

EMPLOYEE RELEASE AND PRIVACY STATEMENT

I agree that HOFFMAN LANDSCAPE LLC may use the information it obtains concerning me in the conduct of its business. I understand that such use may include disclosure outside the Company in those cases where its agents and contractors need such information to perform their function, where the Company's legal interests and/or obligations are involved, or where there is a medical emergency involving me.

I understand that any offer of employment with Hoffman Landscape would not be for any fixed period of time and that, if employed, I may resign at any time for any reason; of Hoffman Landscape LLC may terminate my employment at any time for any reason, with or without cause, in the absence of a specific written agreement to the contrary.

I understand that false answers or statements made by me on this application or any supplements thereto or in connection with the above mentioned investigations, will be sufficient grounds for immediate discharge, if I am employed.

Applicant's Signature

Date