NATURAL CONCERNS
Landscape Contractors

Natural Concerns - Application for Employment

Candidate's Name: _____ Date: _____

Address: _____

Cell Phone Number:_____ Home Telephone Number: _____

Email Address: _____

Are you 18 years of age or older?
❑ Yes ❑ No

Are you either a U.S. citizen or an alien authorized to work in the U.S.?
❑ Yes ❑ No

Who referred you, if anyone, to Natural Concerns? _____

Have you ever worked or attended school under another name? If so, under what name?
_____

Position Desired

Position: _____ Start date available: _____

Wage rate desired: $ _____ ❑ Hourly ❑ Monthly ❑ Annually

Do you prefer: ❑ Full-time ❑ Part-time If part-time, hours per week desired:_____

Hours you are available to work: _____

Days of week you are available to work: _____

Are you able to work: ❑ Weekends
❑ Holidays
❑ Nights

❑ Overtime

Do you have regularly scheduled weekday appointments like school/ counseling etc. that we need to be aware of for scheduling? _____

Have you previously worked for Natural Concerns? ❑ Yes ❑ No

Dates of employment with Natural Concerns: from _____ to _____

Reason(s) for leaving: _____

Former supervisor(s) at this company: _____

How did you learn about this opening? _____

Education

High School:	Graduated? ❑ Yes ❑ No	Course of Study:
Technical School:	Graduated? ❑ Yes ❑ No	Course of Study:
College/University:	Graduated? ❑ Yes ❑ No	Course of Study:
Post-Graduate Education:	Graduated? ❑ Yes ❑ No	Course of Study:
Other education, training or special skills:		

Skills

Are you experienced in using personal computers? ❑ Yes ❑ No ❑ PC ❑ Mac

Are you TRAINED to use any equipment? If yes_____

Work Experience

Please list all previous employment, beginning with the most recent. If you need more room, you may attach another sheet of paper.		
Employer:		Address:
From To	Position Held:	Reason for Leaving:
Supervisor's Name & Title:		May we contact? ❑ Yes ❑ No
Description of Duties:		
Starting Compensation:		Final Compensation:
Employer:		Address:
From To	Position Held:	Reason for Leaving:
Supervisor's Name & Title:		May we contact? ❑ Yes ❑ No
Duties:		
Starting Compensation:		Final Compensation:

References

Identify three persons who know your work, beginning with the most recent.

Name: _____ Phone Number: _____ Email: _____

Address: _____ City, State, Zip: _____

Position or Title: _____ Years Known: _____

Name: _____ Phone Number: _____ Email: _____

Address: _____ City, State, Zip: _____

Position or Title: _____ Years Known: _____

Name: _____ Phone Number: _____ Email: _____

Address: _____ City, State, Zip: _____

Position or Title: _____ Years Known: _____

Authorization and Acknowledgements

I affirm that the information I have provided in this application is true to the best of my knowledge, information and belief, and I have not knowingly withheld any information requested. I understand that withholding or misstating any information requested in this application is grounds for rejection of my application, and that providing false or misleading information in this application is grounds for discharge.

I authorize the company to verify my references, record of employment, education record, and any other information I have provided. Unless otherwise noted, I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers and all other persons and entities, from any and all claims, demands or liabilities arising out of or in any way related to such inquiry or disclosure.

_____ _____

Candidate's Signature Date