



YARDLINES LANDSCAPING

P.O. Box 434
Grantsville, MD 21536
(301) 895-5216
info@thejoslingroup.com

Employment Application

Personal Information

Name: _____ Date: _____
Current Address: _____
City: _____ State: _____ Zip: _____
Phone Number: (____) _____ Are you 18 years of age or older: Yes No
Are eligible for lawful employment in the U.S? Yes No

Employment Desired

Position: _____ Start Date: _____
Have you ever been employed by YardLines Landscaping before: Yes No
If yes, dates of employment: _____ Wage desired \$: _____
Employment Status: Full-Time Part-Time Summer Only
Are you currently attending school: Yes No Are you currently employed: Yes No

Education

School Name & Address	Course of Study	Years Completed	Degree / Cert. / Diploma

Work Experience

Position:	Name of Organization:	<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Seasonal
Phone Number:	Supervisor: May We Contact:	
City:	State: Dates Employed:	
Duties:	Starting Wage: Ending Wage:	

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Phone Number:	Supervisor:	May We Contact:	
City:	State:	Dates Employed:	
Duties:	Starting Wage:	Ending Wage:	

Equipment Experience			
Check amount of experience with each item.			
Chainsaw:	<input type="checkbox"/> None	<input type="checkbox"/> Some	<input type="checkbox"/> Expert
Weedeater:	<input type="checkbox"/> None	<input type="checkbox"/> Some	<input type="checkbox"/> Expert
Leaf Blower:	<input type="checkbox"/> None	<input type="checkbox"/> Some	<input type="checkbox"/> Expert
Snow Blower	<input type="checkbox"/> None	<input type="checkbox"/> Some	<input type="checkbox"/> Expert
Zero Turn Mower:	<input type="checkbox"/> None	<input type="checkbox"/> Some	<input type="checkbox"/> Expert
Skid Steer:	<input type="checkbox"/> None	<input type="checkbox"/> Some	<input type="checkbox"/> Expert
Mini Excavator:	<input type="checkbox"/> None	<input type="checkbox"/> Some	<input type="checkbox"/> Expert
Snow Plow Truck:	<input type="checkbox"/> None	<input type="checkbox"/> Some	<input type="checkbox"/> Expert
Explain any other equipment experience that would benefit you in the landscape industry.			

Special Considerations for General Landscape <small>(Answers will not disqualify you from consideration)</small>	
Are you able to bend to lift from the ground?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able to work outdoors all seasons?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able to drive a vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able to do hard work with hand tools?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able to handle gasoline, diesel fuel, insecticides, etc.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able to spend hours on your feet?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able to lift heavy loads up to 80 pounds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able to extend your hours to complete a job?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have pre-existing knowledge of plants and/or landscaping?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered yes to the last question please describe here:

If you answered no to any of the questions above please describe here:

Professional References

Name: _____ Relationship: _____ Years Know: _____

Occupation: _____ Phone: _____

Name: _____ Relationship: _____ Years Know: _____

Occupation: _____ Phone: _____

Name: _____ Relationship: _____ Years Know: _____

Occupation: _____ Phone: _____

Emergency Contact Information

In case of emergency please notify: _____ Phone:(____) _____

Address: _____

Applicant Statement

*I certify that all of the information I have provided in order to apply for and secure work with the employer is true, complete and correct.

*I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references, employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume, or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

*I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

*I understand that this application remains current for 90 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

*If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same rights to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specific period or defined duration. I understand that no supervisor or representative of the employer is authorized to make any assurance to the contrary and that no implied, oral or written agreements contrary to the foregoing expressed language are valid unless they are in writing and signed by the employer's president.

*I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

*I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service whenever it is discovered.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement:

Signature of Applicant: _____ **Date:** _____