

# Employment Application



## Carolina Greenscape Management

1021 Old Stage Rd Unit A  
 Simpsonville, SC 29681  
 Phone: 864 - 757 - 1951  
 Fax: 864 - 757 - 1953  
 www.carolinagreenscape.com

Date:

Name:

Address:

City/State:

Zip/Postal Code:

SS Number:

Home Phone:

Cell Phone:

Positions Applied for:

Salary Desired:

### Hours Available to Work:

Mon	<input type="text"/>
Tues	<input type="text"/>
Wed	<input type="text"/>
Thurs	<input type="text"/>
Fri	<input type="text"/>
Sat	<input type="text"/>
Sun	<input type="text"/>

Full-Time    part-time    Full or part-time

When available to begin work?

### Education

Type of School	Name of School and Address	No. Years Completed	Major or Degree
High School	<input type="text"/>	<input type="text"/>	<input type="text"/>
College Bus. or Trade School	<input type="text"/>	<input type="text"/>	<input type="text"/>
Professional School	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>	<input type="text"/>

Have you ever been convicted of a crime:  yes    no

If yes, please explain

Do you have a drivers license?  yes    no

State of issue:

Have you had any accidents in the past 3 years?  yes    no

How many?

Do you had any moving violations in the past 3 years?  yes    no

How many?

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# Previous Employment (list up to 3)

1.

Name of Employer:

Name of last supervisor:

Dates of employment:

From:

To:

Salary:

From:

To:

Complete Address:

Phone #:

Last job title:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact your employer:  yes  no

2.

Name of Employer:

Name of last supervisor:

Dates of employment:

From:

To:

Salary:

From:

To:

Complete Address:

Phone #:

Last job title:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact your employer:  yes  no

**3.**

Name of Employer:

Name of last supervisor:

Dates of employment:

From:

To:

Salary:

From:

To:

Complete Address:

Phone #:

Last job title:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact your employer:  yes  no

Equipment Skills:

Landscaping Exp:

Irrigation:  Install  Repair  Both

Certifications/Licenses:

List ANY physical ailments that would prohibit you from performing ANY tasks required by the Landscaping/Irrigation industry:

**Please list 2 references other than relatives and previous employers**

Name		
Position		
Company		
Telephone		

Below for company use only