



# E&F Landscaping, LLC

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## EMPLOYMENT APPLICATION

IN COMPLIANCE WITH FEDERAL AND STATE EQUAL EMPLOYMENT OPPORTUNITY LAWS, QUALIFIED APPLICANTS ARE CONSIDERED FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL STATUS, OR NON-JOB RELATED DISABILITY. IT IS OUR POLICY TO ENFORCE A DRUG FREE WORK ENVIRONMENT AND WE RESERVE THE RIGHT TO RANDOMLY SELECT EMPLOYEES FOR TESTING AND TO WITNESS THE TEST AT ANY TIME AND FOR ANY REASON. THIS FORM SHOULD BE FILLED OUT IN ITS ENTIRETY IN THE APPLICANT'S HANDWRITING. ALL INFORMATION GIVEN WILL BE TREATED AS CONFIDENTIAL.

Date of Application: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

### Tell Us About You

Email Address: \_\_\_\_\_

APPLICANT'S FULL NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY & STATE: \_\_\_\_\_

COUNTY: \_\_\_\_\_ ZIP: \_\_\_\_\_

POSITION APPLYING FOR: \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ RATE OF PAY EXPECTED: \$ \_\_\_\_\_

DO YOU HAVE A VALID DRIVER'S LICENSE? \_\_\_\_\_ IF NO, HAVE YOU EVER HAD A LICENSE? \_\_\_\_\_

IF YES, LICENSE #: \_\_\_\_\_ DATE OF ISSUE: \_\_\_\_\_ EXP DATE: \_\_\_\_\_

CLASS: \_\_\_\_\_ ENDORSEMENT: \_\_\_\_\_

HAVE YOU EVER FILLED AN APPLICATION WITH E & F LANDSCAPING? \_\_\_\_\_ WHEN? \_\_\_\_\_

HOW DID YOU HEAR ABOUT E & F LANDSCAPING?: \_\_\_\_\_

DID SOMEBODY REFER YOU TO US? \_\_\_\_\_ IF YES, WHO? \_\_\_\_\_

HAVE YOU BEEN PREVIOUSLY EMPLOYED BY E & F LANDSCAPING? \_\_\_\_\_ WHEN? \_\_\_\_\_

WHY DID YOU STOP WORKING FOR E & F LANDSCAPING (EXPLAIN):  
\_\_\_\_\_  
\_\_\_\_\_

DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE UNITED STATES? \_\_\_\_\_ IF YES, YOU NEED TO PRESENT LEGAL DOCUMENTS, SUCH AS, COPY OF BIRTH CERTIFICATE, PASSPORT, GREEN CARD OR INS AUTHORIZATION.

NAME OF THE NEAREST RELATIVE NOT LIVING WITH YOU: \_\_\_\_\_

RELATIONSHIP TO YOU \_\_\_\_\_ PHONE: \_\_\_\_\_

WHO SHOULD WE NOTIFY IN CASE OF EMERGENCY (NAME & PHONE NUMBER):

\_\_\_\_\_

PLEASE PROVIDE THREE (3) PERSONAL REFERENCES WITH NAME, ADDRESSES, PHONE NUMBERS AND NUMBERS OF YEARS KNOWN. THESE REFERENCES ARE ALSO TO BE USED TO VERIFY UNEMPLOYMENT, SELF-EMPLOYMENT OR PREVIOUS EMPLOYERS NO LONGER IN BUSINESS. THESE REFERENCES MUST NOT BE RELATIVES AND THE MINIMUM AMOUNT OF YEARS KNOWN IS ONE (1) YEAR.

1. NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ YEARS KNOWN: \_\_\_\_\_

2. NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ YEARS KNOWN: \_\_\_\_\_

3. NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ YEARS KNOWN: \_\_\_\_\_

DO YOU HAVE ANY EXPERIENCE IN THE LANDSCAPING/CONSTRUCTION INDUSTRY? \_\_\_\_\_

IF YES, EXPLAIN: \_\_\_\_\_

\_\_\_\_\_

DO YOU HAVE ANY "SPECIAL" NEEDS, SUCH AS ALLERGIES, SPECIAL MEDICATION, OR HEALTH CONDITION,

WHICH WE SHOULD KNOW ABOUT? \_\_\_\_\_

HAVE YOU EVER BEEN HURT ON THE JOB? \_\_\_\_\_ IF YES, WHEN? \_\_\_\_\_

DESCRIBE THE INCIDENT AND THE EXTENT OF YOUR INJURY: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### MILITARY SERVICE RECORD

HAVE YOU SERVED IN THE U.S. ARMED FORCES? \_\_\_\_\_ BRANCH: \_\_\_\_\_

DATES OF SERVICE: \_\_\_\_\_ - \_\_\_\_\_ HIGHEST RANK ACHIEVED: \_\_\_\_\_

### EDUCATIONAL BACKGROUND

NAME OF GRADE SCHOOL: \_\_\_\_\_ LOCATION: \_\_\_\_\_

COURSE OF STUDY: \_\_\_\_\_ DID YOU GRADUATE? \_\_\_\_\_ WHEN? \_\_\_\_\_

NAME OF HIGH SCHOOL: \_\_\_\_\_ LOCATION: \_\_\_\_\_

COURSE OF STUDY: \_\_\_\_\_ DID YOU GRADUATE? \_\_\_\_\_ WHEN? \_\_\_\_\_

NAME OF COLLEGE: \_\_\_\_\_ LOCATION: \_\_\_\_\_

COURSE OF STUDY: \_\_\_\_\_ DID YOU GRADUATE? \_\_\_\_\_ WHEN? \_\_\_\_\_

HAVE YOU TAKEN ANY POST GRADUATE COURSES? \_\_\_\_\_ IF YES, EXPLAIN: \_\_\_\_\_

\_\_\_\_\_

HAVE YOU ATTENDED ANY SPECIAL COURSES? \_\_\_\_\_ IF YES, EXPLAIN: \_\_\_\_\_

\_\_\_\_\_

LIST THE NAME OF SPECIAL MACHINERY (SUCH AS *COMPUTER, TYPEWRITER, FORKLIFT, ETC.*) IN WHICH YOU KNOW HOW

TO OPERATE: \_\_\_\_\_

DO YOU HAVE A TRADE (SUCH AS *PAINTER, CARPENTER, WELDER, ETC.*) \_\_\_\_\_

\_\_\_\_\_

TELL US ABOUT YOUR PREVIOUS EMPLOYMENT

LIST AT LEAST 3 FORMER EMPLOYERS IN THE ORDER WORKED. MOST RECENT 1<sup>ST</sup>.

NAME OF EMPLOYER & PHONE#: \_\_\_\_\_

CITY & STATE: \_\_\_\_\_

POSITION: \_\_\_\_\_ SUPERVISOR'S NAME: \_\_\_\_\_

TIME EMPLOYED: \_\_\_\_\_ TO WHEN? \_\_\_\_\_

AMOUNT OF SALARY: \_\_\_\_\_ WHY DID YOU LEAVE? \_\_\_\_\_

NAME OF EMPLOYER & PHONE#: \_\_\_\_\_

CITY & STATE: \_\_\_\_\_

POSITION: \_\_\_\_\_ SUPERVISOR'S NAME: \_\_\_\_\_

TIME EMPLOYED: \_\_\_\_\_ TO WHEN? \_\_\_\_\_

AMOUNT OF SALARY: \_\_\_\_\_ WHY DID YOU LEAVE? \_\_\_\_\_

NAME OF EMPLOYER & PHONE#: \_\_\_\_\_

CITY & STATE: \_\_\_\_\_

POSITION: \_\_\_\_\_ SUPERVISOR'S NAME: \_\_\_\_\_

TIME EMPLOYED: \_\_\_\_\_ TO WHEN? \_\_\_\_\_

AMOUNT OF SALARY: \_\_\_\_\_ WHY DID YOU LEAVE? \_\_\_\_\_

MAY WE CONTACT YOUR PRESENT EMPLOYER FOR REFERENCES? \_\_\_\_\_

IF NO, WHY? \_\_\_\_\_

HOW SOON CAN YOU START WORKING FOR E & F LANDSCAPING? \_\_\_\_\_

DO YOU HAVE ANY UNSATISFIED GARNISHMENT OR WAGE ASSIGNMENTS? (*IRS LEVY, CHILD SUPPORT, COURT JUDGEMENT, ETC.*) \_\_\_\_\_ IF YES, STATE: \_\_\_\_\_

THIS CERTIFIES THIS APPLICATION WAS COMPLETED BY, AND THAT ALL ENTRIES ON IT AND INFORMATION IN IT ARE TRUE AND COMPLETED TO THE BEST OF MY KNOWLEDGE. I ALSO AUTHORIZE *F&F LANDSCAPING* TO MAKE SUCH INVESTIGATIONS AND INQUIRIES OF MY PAST EMPLOYMENT, EDUCATION, CRIMINAL HISTORY, CREDIT HISTORY, WORKER'S COMPENSATION HISTORY, MEDICAL HISTORY, REFERENCES, AND ACTIVITIES AS NEEDED TO DETERMIN MY QUALIFICATION AND ELIGIBILITY TO OCCUPY THE POSITION I APPLIED FOR. I HEREBY RELEASE ANY INDIVIDUAL, INCLUDING RECORD CUSTODIANS, LAW ENFORCEMENT AGENCIES, COURTS, CRIMINAL JUSTICE AGENCIES, EDUCATIONAL INSTITUTIONS, FINANCIAL INSTITUTIONS, MILITARY RECORDS, AND LORDS, CREDITORS, AND OTHERS WHETHER OR NOT SPECIFICALLY MENTIONED HEREIN, INFORM ANY AND ALL LIABILITY FROM DAMAGES OR WHATEVER KIND OR NATURE WHICH MAY AT ANY TIME RESULT TO ME ON ACCOUNT OR COMPLIANCE. A REPRODUCTION OF THIS AUTHORIZATION SHALL BE VALID AS THE SIGNED ORIGINAL NOR DOES IT CARRY ANY EXPIRATION DATE. I UNDERSTAND THAT ANY INFORMATION PROVIDED BY ME THAT IS FOUND TO BE FALSE, INCOMPLETE OR MISREPRESENTED IN ANY RESPECT, WILL BE SUFFICIENT CAUSE FOR (1) CANCEL FURTHER CONSIDERATION OF THIS APPLICATION, OR (2) IMMEDIATELY DISCHARGE ME FROM THE EMPLOYER'S SERVICE, WHENEVER IT IS DISCOVERED.

I ALSO UNDERSTAND THAT IF I AM HIRED, I WILL BE REQUIRED TO PROVIDE PROOF OF IDENTITY AND LEGAL AUTHORITY TO WORK IN THE U.S. AND THAT FEDERAL IMMIGRATION LAWS REQUIRE ME TO COMPLETE AN I-9 FORM IN THIS REGARD. I ALSO UNDERSTAND THAT IF I AM HIRED, I WILL BE PLACED ON 90 DAYS PROBATION. AT THE END OF THE PROBATION PERIOD, I COULD BE DISCHARGED WITHOUT PRIOR NOTICE IF MY PERFORMANCE WILL NOT MEET COMPANY STANDARDS. FINALLY, I UNDERSTAND THAT THIS APPLICATION WILL REMAIN CURRENT FOR ONLY 60 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 AN NEW APPLICATION.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
TODAY'S DATE

INTERVIEW NOTES: