



EMPLOYMENT APPLICATION

Please complete and submit this entire Employment Application.

BASIC INFORMATION

Position Desired:		Wage Desired:	Date:
Name:			
<small>Last Name</small>	<small>First Name</small>	<small>Middle Name</small>	
Home Address:			
<small>Street</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>
Telephone: Home: ()		Cellular: ()	E-mail
Driver's License Number:	State:	Expiration Date:	

EMPLOYMENT HISTORY

The information required below **must** be submitted on this Application. While you are welcome to attach a resume to this Application, it **will not** be accepted in lieu of completing any portion of this Application. For this section, please account for the last ten (10) years of employment beginning with your current or most recent employer. List all experiences that are relevant to the position for which you are applying.

<small>Employer</small>	<small>Title</small>	<small>Employed:</small>	
<small>Address</small>	<small>Street</small>	<small>City</small>	<small>State</small>
		<small>From (mm/yy)</small>	<small>To (mm/yy)</small>
		<small>State</small>	<small>Zip Code</small>
<small>Supervisor's Name</small>			<small>Supervisor's Title</small>
<small>Job Responsibilities:</small>			

<small>Employer</small>	<small>Title</small>	<small>Employed:</small>	
<small>Address</small>	<small>Street</small>	<small>City</small>	<small>State</small>
		<small>From (mm/yy)</small>	<small>To (mm/yy)</small>
		<small>State</small>	<small>Zip Code</small>
<small>Supervisor's Name</small>			<small>Supervisor's Title</small>
<small>Job Responsibilities:</small>			

<small>Employer</small>	<small>Title</small>	<small>Employed:</small>	
<small>Address</small>	<small>Street</small>	<small>City</small>	<small>State</small>
		<small>From (mm/yy)</small>	<small>To (mm/yy)</small>
		<small>State</small>	<small>Zip Code</small>
<small>Supervisor's Name</small>			<small>Supervisor's Title</small>
<small>Job Responsibilities:</small>			

EDUCATION

Name of School	Location of School		Graduation Yes No	Degree
High School	City	State		
College	City	State		

Licenses/Certificates

Please list all relevant Licenses and/or Certificates here:

ADDITIONAL INFORMATION

Are you legally authorized to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>	Did any Diamond Landscapes employee recommend you for this position? Yes <input type="checkbox"/> No <input type="checkbox"/>
Can you speak, read, and/or write in English? Yes <input type="checkbox"/> No <input type="checkbox"/>	Can you speak, read, and/or write in Spanish? Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you at least 18 years of age? Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ever been fired from a job? Yes <input type="checkbox"/> No <input type="checkbox"/>

REFERENCES

Name	Relationship	Telephone Number ()
Name	Relationship	Telephone Number ()
Name	Relationship	Telephone Number ()

IN CASE OF EMERGENCY NOTIFY

Name	Relationship	Telephone Number ()
Address	City and State	Zip Code

MEDICAL PROVIDER NETWORK

Diamond Landscapes, Inc. utilizes a Medical Provider Network for the treatment of work-related injuries and illnesses. Employees may pre-designate a physician for this purpose if they wish, provided they have a signed letter from their physician agreeing to the pre-designation for work-related injuries and illnesses. If you wish to do so, please list the physician's name and contact information below, and attach the physician's letter. If you do not wish to do so, leave the space blank.

Physician's Name	Contact Information
------------------	---------------------

PLEASE READ CAREFULLY

I fully understand this employment application, as well as other hiring documents, do not create an employment contract between Diamond Landscapes, Inc. and me. I understand that if I am hired and any of my answers are deemed to be false or misrepresentations, then I may be terminated. I fully understand that my employment is "at will", meaning that either myself or Diamond Landscapes, Inc. may terminate my employment at any time for any reason. I am fully aware and authorize Diamond Landscapes, Inc. to conduct a background investigation and/or a pre-employment drug test and/or physical examination on me as a condition of my employment. I grant full permission to Diamond Landscapes, Inc. to contact the above-mentioned references regarding my background. Diamond Landscapes, Inc. is committed to providing access and reasonable accommodation in its employment for individuals with disabilities.

Signature	Printed Name	Date
-----------	--------------	------

OFFICE USE ONLY

Date of Employment	Position	Hourly Pay Rate
Hire Approved By	References Checked and Notes	