



Landscaping, LLC.

19 Bishops Lane Rockland, MA 02370
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Bocashbrotherslandscaping@yahoo.com

Employment Application

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status.

Date
Last name First name Middle name
Street Address
City State ZIP
Date of Birth / /
Telephone Social Security #
Email

Position applied for

How did you hear of this opening?

When can you start? Desired Wage \$

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? (You may be required to provide documentation.) Yes No

Are you looking for full-time employment? Yes No

If no, what hours are you available? Circle: Mon, Tue, Wed, Thu, Fri, Sat, Sun

Do you have a valid driver's license? Yes No

Driver's License # State of issue Exp. Date

Have you had any accidents in the past 3 years? Yes No / How Many?

Do you have a CDL? Yes No

Do you with hold a DOT Medical Card? Yes No / Exp. Date

What is your means of transportation to work? _____

Have you ever operated a Skid Steer, Excavator, Truck with trailer or other heavy machinery? _____

Have you ever worked for this company? Yes No

Are you capable of lifting more than 50lbs? Yes No

Are you capable of working in rainy, snowy, hot, humid weather conditions? Yes No

Have you ever been convicted of a felony? (This will not necessarily affect your application.)
Yes No

If yes, please describe conditions. _____

I understand and agree that I may be required to take one or more:

- Physical Examination
- Drug Test
- Lie Detector Test

As a condition of hiring or continued employment, I agree to consent to take such test(s) at such time as designated by the company and to release the Company, its directors, officers, agents or employees from any claim arising in a connection with the use of such test(s).

Yes No

I have been advised that lie detector tests, as a condition of hiring or continued employment, are prohibited by law. Yes No

Education

School Name and Location	Year	Major	Degree
High School _____	_____	_____	_____
College _____	_____	_____	_____
College _____	_____	_____	_____
Post-College _____	_____	_____	_____
Other Training _____	_____	_____	_____

In addition to your work history, are there other skills, qualifications, or experience that we should consider? _____

Employment History (Start with most recent employer)

Company Name _____
Address _____ Telephone _____
Date Started _____ Starting Wage _____ Starting Position _____
Date Ended _____ Ending Wage _____ Ending Position _____
Name of Supervisor _____

Phone Number _____
Responsibilities _____

Reason for leaving _____

Company Name _____
Address _____ Telephone _____
Date Started _____ Starting Wage _____ Starting Position _____
Date Ended _____ Ending Wage _____ Ending Position _____
Name of Supervisor _____

Phone Number _____
Responsibilities _____

Reason for leaving _____

Company Name _____
Address _____ Telephone _____
Date Started _____ Starting Wage _____ Starting Position _____
Date Ended _____ Ending Wage _____ Ending Position _____
Name of Supervisor _____

Phone Number _____
Responsibilities _____
Reason for leaving _____

Company Name _____
Address _____ Telephone _____
Date Started _____ Starting Wage _____ Starting Position _____
Date Ended _____ Ending Wage _____ Ending Position _____
Name of Supervisor _____

Phone Number _____

Responsibilities _____

Reason for leaving _____

Attach additional information if necessary.

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. This company is hereby authorized to make any investigations of my prior educational and employment history.

I understand that employment at this company is “at will,” which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager, or executive of this company, other than the president, has any authority to alter the foregoing.

Signature _____ Date _____

For more information, please visit: www.BocashBrothersLandscaping.com