

**LIVING WATER LAWN & TREE CARE**

NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY, STATE \_\_\_\_\_

PHONE \_\_\_\_\_ ZIP \_\_\_\_\_ SOCIAL SEC # \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

**PAST ADDRESS**

ADDRESS \_\_\_\_\_ CITY, STATE \_\_\_\_\_

**GENERAL:**

ARE YOU ELIGIBLE TO WORK IN THE U.S.A? YES \_\_\_ NO \_\_\_

WHAT DATE ARE YOU AVAILABLE FOR EMPLOYMENT? \_\_\_\_\_

ARE YOU PRESENTLY ON LAYOFF OF LEAVE OF ABSENCE FROM ANY OTHER COMPANY? \_\_\_

IF YES, WHY? \_\_\_\_\_

**DRIVERS LICENSE**

STATE \_\_\_\_\_ LICENSE NUMBER \_\_\_\_\_ TYPE \_\_\_\_\_ EXP DATE \_\_\_\_\_

**\*\*\*If you have a CDL please let us know so we can get an additional form for you\*\*\***

**DRIVING EXPERIENCE**-PLEASE CIRCLE ANY THAT APPLY TO YOU

STRAIGHT TRUCK/TRACTOR/DUAL

**TICKETS/ACCIDENTS** IN PAST THREE YEARS Y \_\_\_ N \_\_\_

IF YES, PLEASE FILL OUT ADDITIONAL INFORMATION BELOW

DATE \_\_\_\_\_ NATURE OF TICKET/ACCIDENT \_\_\_\_\_

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**\*\*DMV PRINTOUT WILL BE REQUIRED FOR ANY PERSONS HIRED\*\***

**EDUCATION:**

HIGH SCHOOL \_\_\_\_\_ DID YOU GRADUATE? YES \_\_\_ NO \_\_\_

COLLEGE \_\_\_\_\_

OTHER JOB RELATED EDUCATIONAL INSTITUTIONS \_\_\_\_\_

WORK PREFERENCES: FULL TIME \_\_\_\_\_ PART TIME \_\_\_\_\_

FOR WHAT TYPE OF POSITION ARE YOU APPLYING? \_\_\_\_\_

DO YOU HAVE ANY PREVIOUS EXPERIENCE WITH THIS TYPE OF WORK?

\_\_\_\_\_

**PREVIOUS EMPLOYMENT-LAST 3 YEARS**

1) LAST EMPLOYER NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

POSITION \_\_\_\_\_ DATES OF EMPLOYMENT \_\_\_\_\_ SALARY \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

2) LAST EMPLOYER NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

POSITION \_\_\_\_\_ DATES OF EMPLOYMENT \_\_\_\_\_ SALARY \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

3) LAST EMPLOYER NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

POSITION \_\_\_\_\_ DATES OF EMPLOYMENT \_\_\_\_\_ SALARY \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

**REFERENCES:**

GIVE BELOW THE NAMES AND PHONE NUMBERS OF THREE PERSONS, NOT RELATED TO YOU WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**PERSONAL INFORMATION:**

PHYSICAL LIFTING OR CHEMICAL RESTRICTIONS? Y \_\_\_\_\_ N \_\_\_\_\_

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

\_\_\_\_\_

WHAT ARE YOUR STRONGEST ASSETS? \_\_\_\_\_

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WHY SHOULD WE HIRE YOU? \_\_\_\_\_

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DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

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FOR OFFICE USE:

INTERVIEW NOTES:

REFERENCE CONTACTS:

HIRING NOTES: