TELStaffing & HR

PAYROLL
WORKERS COMP
HUMAN RESOURCES
BENEFITS
STAFFING

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Employment Application

Full Name _____ Cell: (___)___-____
Last First Middle

Address: _____ Home: (___)___-____
Number & Street City State Zip

Email Address: _____

Position Applied For: _____ ☐ Part Time ☐ Full Time

Date Available for Employment ___/___/___ Minimum Salary Requirement $_____

Do you have transportation to work? ☐ Yes ☐ No

Social Security Number: _____

Are you available to work overtime if needed? ☐ Yes ☐ No

List any hours or days you are unavailable for work: _____

Are you 18 years of age or older? ☐ Yes ☐ No If under 18, please state your age _____

Are you authorized to work in the U.S. ☐ Yes ☐ No

Are you subject to a lay-off recall? ☐ Yes ☐ No If yes, where? _____

Have you made previous application to this organization? ☐ Yes ☐ No If yes, when? ___/___/___

Have you been employed here previously? ☐ Yes ☐ No If yes, when? ___/___/___ Position _____

☐ Yes ☐ No **Have you ever been convicted of, pled guilty or "no contest" to, a misdemeanor or felony?**
Do not include minor traffic infractions for which you never appeared in court, offenses which were dismissed or discharged after completion of successful probation, and convictions or pleas which have been deemed sealed or expunge by law.
If yes, give details concerning the type of crime, the date of the conviction plea, the penalty imposed, and any other circumstances you deem relevant to a full understanding of what occurred. Attach additional sheet(s) if necessary.

☐ Yes ☐ No **Have you been arrested and charged with any misdemeanor or felony not disclosed above for which you are out on bail or free on your own recognizance pending disposition or trial?**
Do not include minor traffic infractions for which no court appearance is necessary.
If yes, give the date(s) and details of the arrest or charge and other circumstances you deem relevant to a full understanding of what occurred. Attach additional sheet(s) if necessary.

☐ Yes ☐ No **Have you ever been sued in a civil action with regard to the death of, or personal injury or intentional damage to any person?**
If yes, give details concerning the nature of the claims and defenses raised by the parties, the outcome of the action (e.g., settlement, jury verdict, or other disposition), and any other circumstances you deem relevant to a full understanding of what occurred. Attach additional sheet(s) if necessary.

Please Note: *Answering "Yes" to any of the previous questions above does not automatically disqualify you from employment. Factors such as age at the time of the offense, seriousness and nature of the violation, relatedness to the job sought, and evidence of rehabilitation will be taken into consideration. However, please be advised that a mis-statement or omission in answering these questions may be grounds for disciplinary action, including discharge.*

EMPLOYEE MEDICAL HISTORY

Name (Last, First, Middle)	Social Security No.	Birthdate	Age	Sex
Address	City, State, Zip Code		Telephone #	

Health History

Yes	No		Yes	No		Yes	No	
☐	☐	Any illness in the last five years?	☐	☐	Lung disease, emphysema, asthma, chronic bronchitis	☐	☐	Fainting, dizziness
☐	☐	Head/Brain inuries, disorders or illnesses	☐	☐	Kidney disease, dialysis	☐	☐	Sleep disorders, pauses in breating while asleep, daytime sleepiness, lou snoring
☐	☐	Seizures, epilepsy	☐	☐	Liver disease	☐	☐	Stroke or paralysis
	☐	Medication _____	☐	☐	Digestive Problems	☐	☐	Missing or impaired hand, arm, foot, leg, finger, toe
☐	☐	Eye disorders or impaired vision (except corrective lenses)	☐	☐	Diabetes or elevated blood sugar controlled by:	☐	☐	Spinal injury or disease
☐	☐	Ear disorders or loss of hearing or balance			☐ diet	☐	☐	Chronic Low back pain
☐	☐	Heart disease or heart attack; other cardiovascular condition			☐ pills	☐	☐	Regular, frequent alcohol use
	☐	Medication _____			☐ insulin	☐	☐	narcotic or habit forming drug use
☐	☐	Heart surgery (valve replacement/bypass, angioplasty, pacemaker)	☐	☐	Nervous or psychiatric disorders, e.g., severe depression			
☐	☐	High Blood Pressure Medication _____			☐ Medication _____			
☐	☐	Muscular disease	☐	☐	Loss of or altered conciousness			
☐	☐	Shortness of breath						

For any YES answer, indicate onset date, diagnosis, treating physician's name and address, and any current limitations.List all medications used regularly or recently.

(Including over the counter medications)

Have you ever been involved in a workman's compensation or personal injury case? Yes ☐ No ☐

If yes please give full details: _____

I certify that all the above information is complete and true.

Signature: _____ Date: _____

Employer's comments on Health History: _____

1. Are you more interested in landscape maintenance or installation?

2. What type of equipment have you used?

3. Do you have your own transportation?

4. Can you pull and backup a landscape trailer loaded with equipment?

5. List some common irrigation brands and irrigation materials used in a common irrigation job.

6. List some common landscape trees for our area.

7. List some common landscape shrubs for our area.

8. Have you ever had a conflict with a supervisor? How was it resolved?

9. Are you willing and able to work in all weather conditions?

10. If I ask you to do a job in a way you are not used to, how would you handle that?

11. Tell me about a conflict you were involved in at a previous job and how you handled it.

12. When you make a mistake, how do you go about fixing it?

13. Tell me about a suggestion you have made that was implemented in a previous landscaping industry job?

14. Why should we hire you?

15. Do you have any questions to ask us?