



APPLICATION FOR EMPLOYMENT
(Please Print)

Position Applied For _____ Date of Application _____

How Did You Learn About Pro Landscapers?

Advertisement Friend Inquiry Facebook
Employment Agency Relative Other

Last Name First Name Middle Name

Address-Street City State Zip Code

Phone Number

Do you have a Valid Driver's License: _____ Yes _____ No
Do you have a valid CDL? _____ Yes _____ No
Do you have a current Health Card? _____ Yes _____ No

Have you ever been convicted of a felony? _____ Yes _____ No

If yes, Explain: _____

If you are under 18 years of age, can you provide required proof of your eligibility to work? _____ Yes _____ No

Are you currently employed? _____ Yes _____ No

May we contact your present employer? _____ Yes _____ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? _____ Yes _____ No
Proof of citizenship _____ Yes _____ No

Date available for work: ____/____/____ What is your desired salary range? _____

Are you available to work: _____ Full Time
_____ Part Time (Indicate - Mornings Afternoon Evenings)

Are you currently on "lay-off" Status and subject to recall? _____ Yes _____ No

Can you travel if a job requires it? _____ Yes _____ No

PRO LANDSCAPERS LLC IS AN EQUAL OPPORTUNITY EMPLOYER

Pro Landscapers L.L.C.
2901 40th Ave N Fargo, ND 58102
Phone: (701) 277-7001 Fax: (701) 297-7748

EDUCATION

School	Name and Address of School	Course of Study	Years Completed	Diploma/Degree
High School				
College				
Technical or Business College				
Other (Specify)				

Work Experience

Start with your present or last job. Include any job related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status

Employer	Dates Employed From To	Job Duties/ Work Performed
Address		
Telephone Number(s)	Hourly Rate/Salary	
Starting/ present Job Title		
Supervisor/Title		
Reason for Leaving		May We Contact? Yes No

Employer	Dates Employed From To	Job Duties/ Work Performed
Address		
Telephone Number(s)	Hourly Rate/Salary	
Starting/ present Job Title		
Supervisor/Title		
Reason for Leaving		May We Contact? Yes No

Employer	Dates Employed From To	Job Duties/ Work Performed
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Telephone Number(s)	Hourly Rate/Salary	
Starting/ present Job Title		
Supervisor/Title		
Reason for Leaving		May We Contact? Yes No

Comments: Explanation of any gaps in employment

Specialized Training / Experience (Include apprenticeships)

<input type="checkbox"/>	Blowers	<input type="checkbox"/>	Plate Compactor	<input type="checkbox"/>	Trencher
<input type="checkbox"/>	Chain Saw	<input type="checkbox"/>	Skidsters	<input type="checkbox"/>	Truck w/Trailer
<input type="checkbox"/>	Excavators	<input type="checkbox"/>	Snow Plow	<input type="checkbox"/>	Vibratory Plow
<input type="checkbox"/>	Jack Hammer	<input type="checkbox"/>	Sod Cutter	<input type="checkbox"/>	Weedeaters
<input type="checkbox"/>	Loader	<input type="checkbox"/>	Tractor	<input type="checkbox"/>	Other

Areas you have experience in:

Irrigation		Maintenance		Construction		Erosion Control	
<input type="checkbox"/>	Installation	<input type="checkbox"/>	Full Landscape	<input type="checkbox"/>	Planting	<input type="checkbox"/>	Hydro Seed
<input type="checkbox"/>	Repair	<input type="checkbox"/>	Specialized Areas	<input type="checkbox"/>	Sod	<input type="checkbox"/>	Straw Mulch
<input type="checkbox"/>	Design			<input type="checkbox"/>	Hardscapes	<input type="checkbox"/>	Install Fiber Rolls
				<input type="checkbox"/>	Water Features	<input type="checkbox"/>	Install Silt Fence
				<input type="checkbox"/>	Edging/Rock		

Leadership Experience

Forman of Crew

<input type="checkbox"/>	1-4
<input type="checkbox"/>	5-10
<input type="checkbox"/>	10-15
<input type="checkbox"/>	Greater than 15

Can you read and understand blueprints?

Yes

No

Please list any additional qualifications you feel would relate to the job for which you are applying.

Personal / Professional References (Do not include family members or past supervisors.)

Name	Phone Number	Company	Position