

Please print and complete our employment application and mail to our office for consideration. We will try to respond within 1 week of receiving your application. Thank you for considering Maple Leaf Landscape Management Company, 890 Sylvan Drive, Marietta, GA 30066



Employment Application

Last Name: _____

First: _____ **MI:** _____

Date of Application: _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Telephone: _____

Alternate Phone: _____

Other Contact Methods: _____

Type(s) of Work Desired:

We will need your Drivers License # and Social Security # to complete this application. Do not send numbers thru the mail or email.

How Were You Referred To Us? (Circle Only One.)

A. By Your College

- B. Advertisement
- C. Employment Agency
- D. Another Employee
If So, Give Name: _____
- E. Open House
- F. Walk-in
- G. Friend
- H. Other: _____

Please Read Carefully and Complete by Printing in Ink or Typing.

An Equal Opportunity Employer

We are an equal opportunity employer, and we do not and will not discriminate on the basis of race, religion, natural origin, sex, age, handicap, marital status, status as a disabled veteran, or in any other discriminatory way. Information provided on this application will not be used for any discriminatory purposes.

Provide All Information Requested.

Your complete application form will be maintained in our active files for six (6) months from the date of application. You may submit a new application at any time.

EMPLOYMENT RECORD

Starting with present or most recent, list all previous employment. Include self-employed, summer and part-time jobs. If more space is required, please continue on a separate sheet. You may skip this section if you are attaching a resume.

Last or Present Company:

Type of Business:

Classification of Job:

Street Address:

City: _____ **State:** _____ **Zip:** _____

Phone Number: _____

Description of Job Duties:

Supervisors' Name: _____

Phone Number: _____

Base Salary: _____

Dates Worked: From _____ **To** _____

Reason For Leaving: _____

Previous Company:

Type of Business:

Classification of Job:

Street Address:

City: _____ **State:** _____ **Zip:** _____

Phone Number: _____

Description of Job Duties:

Supervisors' Name: _____

Phone Number: _____

Base Salary: _____

Dates Worked: From _____ **To** _____

Reason For Leaving: _____

EDUCATIONAL HISTORY

High School

School Name: _____

Location (city/state): _____

Major Course of Study: _____

Dates Attended: From _____ **To** _____

Graduated: Yes _____ **No** _____

Degree: _____

Technical/Trade (after high school)

School Name: _____

Location (city/state): _____

Major Course of Study: _____

Dates Attended: From _____ **To** _____

Graduated: Yes _____ **No** _____

Degree: _____

College (list all attended)

School Name: _____

Location (city/state): _____

Major Course of Study: _____

Dates Attended: From _____ **To** _____

Graduated: Yes _____ **No** _____

Degree: _____

School Name: _____

Location (city/state): _____

Major Course of Study: _____

Dates Attended: From _____ **To** _____

Graduated: Yes _____ **No** _____

Degree: _____

Other Education/Training

School Name: _____

Location (city/state): _____

Major Course of Study: _____

Dates Attended: From _____ **To** _____

Graduated: Yes _____ **No** _____

Degree: _____

OUTSIDE ACTIVITIES

Professional memberships, certificates, or licenses held

Principal Hobbies

Computer Skills

Hardware:

Software:

PROFESSIONAL/WORK REFFERENCES

List two past supervisors and one person who are not related to you and whom have knowledge of your qualifications for the position of which you are applying.

Name: _____

Title/Relationship: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Occupation: _____

May We Contact Your Present Employer?

Yes _____ No _____

Wage or Salary Required: _____

Date Available: _____

I hereby certify that the answers and all other information given by me on this application are true and correct and that I understand any misrepresentation or omissions of facts on my part will be justification for separation from the company's service, if employed. I understand that my employment may be contingent upon receipt of an alien registration number, verification of birth, and any other pertinent information bearing upon my employment, and that my continued employment depends upon the will of the company and myself.

Signature

Print

Date: _____

Additional Information

Applicant Name _____

Do you have any motor vehicle tickets in the past five years? Yes/No

Explain _____

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

Explain _____

Do you have a problem lifting under 60 pounds? Yes/No

Explain _____

What made you inquire about this job?

What days are you available for work?

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

What would you consider a full workweek?

What would you consider a full work day?

What would you say is an acceptable amount of workdays missed per year?

What is the most important thing you look for in an employer?

If we call a past employer, what will they tell us about you?

What did you like most about your most recent job?

What did you like least about your most recent job?

What is your greatest attribute?

What is your greatest weakness?

Name one person that you did not get along with at a job, why?

On a scale of 1 to 10, 1 being I don't want this job and 10 being you want to start today where would you rank yourself?

1 2 3 4 5 6 7 8 9 10

Tell us in a brief description what you believe you could bring to our company that would help us to grow and better serve our customers.

If we chose you for this job, when could you start?
