



S&A ENTERPRISES
LANDSCAPING SPECIALISTS

Ph (775) 329-8345
www.salandscapingnv.com

Date of Application

Position(s) Applied for

Referral Source: Ad Internet Walk-in Agency Referral Other

Name

Last

First

MI

Address

Number

Street

City, State, Zip Code

Telephone

Cell Phone

You must be 18 years old to work in our landscape division. Are you 18 years or older? Yes No

Have you ever filed an application here before? Yes No If yes, give date

Have you ever been employed here before? Yes No If yes, give dates

Are you employed now? Yes No May we contact your present employer? Yes No

Are you prevented from being employed in this country because of Visa or Immigration Status? Yes No
 (Proof of citizenship or immigration status I-9 will be required upon employment.)

Are you on layoff or subject to recall? Yes No

Do you have a valid Nevada Driver's License? Yes No

Do you have experience operating large equipment (backhoes, excavators, etc.)? Yes No

Do you have an active OSHA-10 or OSHA-30 certification? Yes No

Do you have any landscape certifications, such as PLANET's LIC (CLT), Arborist and/or Irrigation Contractor?
 Yes No If yes, please list:

Have you been convicted of a felony within the last 7 years? Yes No If yes, please explain (Conviction will not necessarily disqualify an applicant from employment.)

Are you a Veteran of the U.S. Military service? Yes No If yes, which branch?

Employment Experience

Start with you present or last job. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex or national origin.

Employer	Telephone ()	Dates Employed From To	Work Performed
Address			
Job Title	Hourly Rate/Salary Starting Final		
Supervisor Name and Title			
Reason for leaving			

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What are your hourly rate or salary requirements?

Provide the name, address and telephone number of two references who are not related to you and are not previous employers.

Education

	Elementary	High School	College/University	Graduate/Professional
School Name				
Years Completed: circle	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
What course(s) of Study?				
What specialized training, apprenticeship, skills, and extracurricular activities?				

Honors or awards received:

Applicant's Statement

I certify that answers given herein are true and complete. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not positions are available at that time. I hereby understand and acknowledge that unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Company may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of the Company.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

Date

Signature of Applicant