



Seoane Landscape Design, Inc.

551 Bedford Street, Abington, MA 02351
Tel. (781) 878-1306 ~ Fax (781) 871-2740
www.seoanelandscape.com
info@seoanelandscape.com

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____ Landscape / Garden Center

How were you referred to Seoane's? _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO *You will not be denied employment because of a conviction record unless the offense is related to the job for which you have applied.

If yes, explain: _____

Have you ever collected funds due to a Worker's Compensation Claim? YES NO

If yes, explain: _____

Do you have any physical limitations or chronic illness which might affect your performance? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Previous Employment

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Licenses

Do you have a valid driver's license? Yes No Do you have a valid D.O.T. Medical Certificate? Yes No
Do you have a Commercial Driver's License (CDL)? Yes No If yes, what class? _____
Do you have a valid Hoisting Engineers License? Yes No If yes, what class? _____

Additional Skills

Please identify any of the following areas pertaining to position applied for that you have experienced:

- | | |
|---|---|
| <input type="checkbox"/> Identification of trees and shrubs | <input type="checkbox"/> Forklift operation |
| <input type="checkbox"/> Identification of perennials and annuals | <input type="checkbox"/> Skid Steer operation |
| <input type="checkbox"/> General planting techniques | <input type="checkbox"/> Front End Loader operation |
| <input type="checkbox"/> General landscape design / plant placement | <input type="checkbox"/> Excavator operation |
| <input type="checkbox"/> Knowledge of fertilizers / pesticides / herbicides | <input type="checkbox"/> Sod Cutter operation |
| <input type="checkbox"/> Installing retaining walls | <input type="checkbox"/> Brick Cutter operation |
| <input type="checkbox"/> Installing brick patios and walkways | <input type="checkbox"/> Plate Packer operation |
| <input type="checkbox"/> Preparation of sod bed, laying sod | <input type="checkbox"/> Chain Saw operation |
| <input type="checkbox"/> Lawn fertilization | <input type="checkbox"/> Cash register/POS operations |
| <input type="checkbox"/> Chemical application | <input type="checkbox"/> Computer Skills: Microsoft Office/Excel/Word |

Please list any additional skills you may bring to the position:

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____