



# Employment Application

PERSONAL INFORMATION			
Name:		Date:	
Address:			
	Street	Apt #	
City:		State:	
Position:		Zip:	
Salary Desired:		Currently Employed?	
		Date Available:	
		May we contact?	

EDUCATION				
	Name and Location of School	Years	Degree	Subjects
High School				
College				
Trade School				

EMPLOYMENT HISTORY
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**Please provide the following information for at least the last 3 years, starting with the most recent employment.**

Start Date:		End Date:		Company:	
Address:					
Phone #:		Supervisor:			
Position:		Salary:			
Reason for leaving:					
Were you subject to the FMCSRs* while employed? Y ( ) N ( )					

Start Date:		End Date:		Company:	
Address:					
Phone #:		Supervisor:			
Position:		Salary:			
Reason for leaving:					
Were you subject to the FMCSRs* while employed? Y ( ) N ( )					

Start Date:		End Date:		Company:	
Address:					
Phone #:		Supervisor:			
Position:		Salary:			
Reason for leaving:					
Were you subject to the FMCSRs* while employed? Y ( ) N ( )					

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Position: \_\_\_\_\_ Salary: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_  
 Were you subject to the FMCSRs\* while employed? Y ( ) N ( )

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Position: \_\_\_\_\_ Salary: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_  
 Were you subject to the FMCSRs\* while employed? Y ( ) N ( )

\* The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) Weighs or has a GVWR of 10,001 lbs or more, (2) is designed or used to transport more than 8 passengers, including the driver, or (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding

**EXPERIENCE (Please check all that apply)**

<b><u>Maintenance:</u></b>	<b><u>Fertilizer:</u></b>
_____ Spreading Mulch	_____ Fert Buggy
_____ Edging	_____ Push Spreader
_____ Pruning	_____ Backpack Sprayer
_____ Weeding	
_____ Planting Flowers	<b><u>Construction:</u></b>
_____ Line Trimmer	_____ Wall Installation
_____ Backpack Blower	_____ Patio Installation
_____ Commercial Mower	_____ Transit
What Kind _____	_____ Compactor
# of years _____	_____ Low Voltage Lighting
<b><u>Irrigation:</u></b>	<b><u>Machinery:</u></b>
_____ Head Installation	_____ Skid Steer - What kind _____
_____ Valve Installation	_____ Bark Blower - What kind _____
_____ Controller Installation	
_____ Rain Sensor Installation	<b><u>Snow Removal:</u></b>
_____ Head Layout	_____ Loader
_____ Plumbing	_____ Skid Steer
_____ Pipe Puller	_____ Plow truck
_____ Wiring	_____ Shoveling

List any additional experience: \_\_\_\_\_

**ADDITIONAL INFORMATION**

How did you hear about Alliance? \_\_\_\_\_  
Are you at least 18 years or older? \_\_\_\_\_  
Do you require accomodations to perform essential job functions? \_\_\_\_\_  
Are you able to speak and write the English language fluently? \_\_\_\_\_  
Are you able to drive a truck with a trailer? \_\_\_\_\_  
Do you have a Pesticide license Y ( ) N ( ) Which one(s) G1 ( ) G2 ( ) B ( )  
Do you have any of the following:  
Valid driver's license Y ( ) N ( ) CDL Y ( ) N ( ) DOT Medical Examiner's Card Y ( ) N ( )  
Have you ever been convicted of a crime? \_\_\_\_\_  
Are there any felony charges pending against you? \_\_\_\_\_

**REFERENCES**

Name:	Phone #	Relationship:
Name:	Phone #	Relationship:
Name:	Phone #	Relationship:

**AUTHORIZATION**

By signing below, I understand that to be considered for Employment, I must pass a pre-employment drug screening. If my position requires me to drive, I may be subject to additional testing and paperwork.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if employed, falsified statements on this application will be grounds for dismissal.

\_\_\_\_\_  
Signature Date