



# Green Horizons

## APPLICATION FOR EMPLOYMENT

Green Horizons Turf & Tree Care, Ltd.

PO Box 1, Flagler, CO 80815

[greenhorizons@esrta.com](mailto:greenhorizons@esrta.com)

Phone: 719-765-4321 - Fax: 719-765-4021

Name \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Circle Last Grade Completed 6 7 8 9 10 11 12 13 14 15 16

Graduated Yes \_\_\_\_\_ No \_\_\_\_\_ Are you a US Citizen? \_\_\_\_\_

What hours are you available to work? \_\_\_\_\_

Are you able to work week-ends? \_\_\_\_\_

Do you have any medical problems that would keep you from doing your job?

\_\_\_\_\_

Do you hold a valid drivers license? \_\_\_\_\_ Class \_\_\_\_\_

License No. \_\_\_\_\_ State \_\_\_\_\_ Expires \_\_\_\_\_

Do you hold a current commercial applicators license? \_\_\_\_\_

License No. \_\_\_\_\_ State \_\_\_\_\_ Expires \_\_\_\_\_

Do you hold a current private applicators license? \_\_\_\_\_

License No. \_\_\_\_\_ State \_\_\_\_\_ Expires \_\_\_\_\_

Have you ever had any training (formal or informal) in pesticide use and handling? If yes, when and how extensive?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Give name, address, and telephone numbers of two references that are not related to you and are not previous employers.

1. \_\_\_\_\_

2. \_\_\_\_\_

Are you available for work: Part time \_\_\_\_\_ Full time \_\_\_\_\_

On what date would you be available to work? \_\_\_\_\_

#### APPLICANT'S STATEMENT

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

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

In the event of employment, I understand that falsification or misrepresentation of any of the above information or interview, shall be grounds for denial of employment or later termination after employment commences.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

# Employment Experience

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

Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Job Title Supervisor \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
Dates Employed \_\_\_\_\_  
Work Performed \_\_\_\_\_ -  
\_\_\_\_\_

Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Job Title Supervisor \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
Dates Employed \_\_\_\_\_  
Work Performed \_\_\_\_\_

Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Job Title Supervisor \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
Dates Employed \_\_\_\_\_  
Work Performed \_\_\_\_\_

Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Job Title Supervisor \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
Dates Employed \_\_\_\_\_  
Work Performed \_\_\_\_\_

Summarize special skills and qualifications acquired from employment or other experience \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_