

Employment Application

GENERAL INFORMATION:					
Last Name:		First Name:		Middle Initial:	
Street:		City:			
State:	Zip Code:	Home Phone:	Cellular Phone/Pager:	E-Mail Address:	
Social Security Number:			Driver's License Number:		
Emergency Contact Name: _____					
Relationship: _____					
Home Phone		Work Phone		Cellular Phone	
Are you at least 18 years old? <input type="checkbox"/> YES <input type="checkbox"/> NO			Do you have reliable transportation? <input type="checkbox"/> YES <input type="checkbox"/> NO		
EDUCATION:					
High School (List Name & Address)			Year Graduated or Date of G.E.D.:		
College (List Name & Address)			Years Attended or Date Graduated and Course of Study:		
REFERENCES: (Provide at least 3)					
Name:		How do you know this person:		Phone Number:	
Name:		How do you know this person:		Phone Number:	
Name:		How do you know this person:		Phone Number:	
"Other" Information					

EMPLOYMENT APPLICATION



PRECISION SCAPES LLC
 10691 LINWOOD AVE
 SHREVEPORT, LA 77106
 WWW.PRECISIONSCAPELLC.COM

EMPLOYMENT HISTORY: (begin with most recent employer)		
Employer Name: _____	Starting Date: (month/year) _____	Starting Wage Rate: _____
Employer Address: _____	Leaving Date: (month/year) _____	Final Wage Rate: _____
Employer Phone Number: _____	Name of Supervisor: _____	
Job Title/Description of Duties: _____		
Reason for Leaving: _____		
EMPLOYMENT HISTORY: (begin with most recent employer)		
Employer Name: _____	Starting Date: (month/year) _____	Starting Wage Rate: _____
Employer Address: _____	Leaving Date: (month/year) _____	Final Wage Rate: _____
Employer Phone Number: _____	Name of Supervisor: _____	
Job Title/Description of Duties: _____		
Reason for Leaving: _____		
OTHER INFORMATION:		
Have you ever entered into any employment or other confidentiality agreement that could limit the scope of employment at Precision Scapes? <input type="checkbox"/> NO <input type="checkbox"/> YES, If "YES", provide details		
Have you ever been convicted of a felony? (A conviction is not an automatic bar to employment. It will be considered as it relates to the position applied for.) <input type="checkbox"/> NO <input type="checkbox"/> YES, If "YES", provide details		

Have you Served in the Military <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, Please include copy of DD214
Branch:	Type of Discharge:
From: To:	Salary Desired:
Are you a citizen of the United States? Yes / No	If no, are you authorized to work in the U.S.? Yes / No



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Please read carefully. After you have completed this application you are required to sign the certification below.

I certify that all statements made by me in this application are true and correct to the best of my knowledge. I understand and agree that any misrepresentations, falsifications or omissions of facts made by me on this application or during the interview process, regardless of when discovered, shall be grounds for disciplinary action, up to and including termination of employment.

I hereby authorize Precision Scapes LLC to fully investigate my work record and qualifications for employment before, after or during employment. I also hereby authorize my current and previous employers, educational institutions and references to provide Precision Scapes LLC with any information that may be useful in obtaining employment. I hereby release my current and previous employers, educational institutions and references from any liability or claims arising from the release of such information.

I understand that certain positions may require me to take and pass a medical examination and/or drug screen prior to my employment and periodically thereafter. In addition, I understand that certain positions may require a background check and/or driving record check prior to my employment and periodically thereafter. I understand that if I am applying for such a position, I will be provided additional information about the applicable procedures.

I agree that if employed by Precision Scapes LLC, my employment will be "at will", which means that there is no agreement, expressed or implied between myself and Precision Scapes LLC for any definite period of time. I will have the right to resign and Precision Scapes LLC will have the right to terminate my employment at any time, for any reason, with or without cause, or notice. I understand and agree that no one other than the Owner/Operator of Precision Scapes LLC is empowered to modify this agreement.

I have read and understand the information contained in this application, and I further agree to obey all rules, policies and practices of Precision Scapes Landscaping, LLC.

Applicant's Signature: _____

Today's Date: _____