



2389 South Highway 33
 Driggs, ID 83422
 (208) 354-8816
 (208 354-2733 fax
 www.mdlandscapinginc.com

Nursery & Landscaping, Inc.

APPLICANT INFORMATION

Name (Last, First, Middle Initial)		Social Security Number	
Address (Street, City, State, Zip Code)			
Home Phone Number	Cell Phone Number	Do you have a valid drivers license? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you at least 18 years old? If no, provide date of birth: <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you been employed under other names? <input type="checkbox"/> Yes <input type="checkbox"/> No List Name(s):	
Are you now or have you been employed by the MD Landscaping? <input type="checkbox"/> Yes <input type="checkbox"/> No List dates and department(s):			
Are you related to anyone currently employed by MD Landscaping, Inc. OR MD Tree Farms, LLC? <input type="checkbox"/> Yes <input type="checkbox"/> No List Name and relationship:			
What prompted you to apply for work here? <input type="checkbox"/> Friend or Relative <input type="checkbox"/> MD Employee (who? _____) <input type="checkbox"/> MD Website <input type="checkbox"/> Newspaper <input type="checkbox"/> Other _____			
Are you authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If employed, you must show documents that prove your identity and employment eligibility as required by the Immigration Reform and Control Act of 1986.</i>			
Have you ever been convicted of a felony? Yes <input type="checkbox"/> No <input type="checkbox"/> If so please explain:			
All positions require lifting. Can you lift 40 lbs? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Do you have any medical or health problems that would interfere with or detract from your ability to perform your job? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain any accommodations needed:			

POSITION APPLIED FOR: You must fill out all sections of this application completely and honestly. This information will be used to determine your eligibility for this position. All application materials become the property of MD Landscaping, Inc. and will not be returned.

Position:				
Other areas of interest: <input type="checkbox"/> Cashier <input type="checkbox"/> Nursery (outdoor/indoor) <input type="checkbox"/> Lawn Care <input type="checkbox"/> Landscaping <input type="checkbox"/> CDL Driver				
Schedule Desired: Full Time _____ Part Time _____ Seasonal _____	Most positions require weekend work. Are you available: Saturdays Yes <input type="checkbox"/> No <input type="checkbox"/> Sundays Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you plan to work elsewhere or attend school while employed here?	How soon can you start working?	Salary Desired: \$

EDUCATION & SKILLS

Please list all education beginning with most recent. Indicate a diploma or degree, if completed, including **GED** it obtained.

Name & Location of School	# of yrs. Complete	Graduated		Degree & Major
College		<input type="checkbox"/> Yes	If no, approx. number of credit hours completed:	
Other		<input type="checkbox"/> Yes	If no, approx. number of credit hours completed	
Other		<input type="checkbox"/> Yes	If no, approx. number of credit hours completed	
High School/GED		<input type="checkbox"/> Yes	If no, approx. number of credit hours completed	

<input type="checkbox"/> Word Processing	<input type="checkbox"/> Presentation Software	<input type="checkbox"/> Desktop Publishing	<input type="checkbox"/> Ten key by touch
<input type="checkbox"/> Spreadsheet	<input type="checkbox"/> Typing _____ wpm		

SKILLS/CERTIFICATIONS/LICENSES:

List technical or specialized skills/credentials relevant to this job, including driver's license (list type of license and name of state where issued), certifications, professional licenses, registrations held (include certification/registration number and expiration date) and knowledge of any **heavy equipment operation** (include type of machinery), or **specialized computer software or hardware**.

EMPLOYMENT HISTORY: List all employment including military and volunteer service *starting with the most current position held*. Show employment history for at least 7 years or from the time you left school (supplemental sheets available). Explain gaps in employment history. You may attach a resume, *but you must complete the employment section*. This information will be used in *reference* checks. Failure to answer all items in the following section may eliminate you from further consideration.

Dates Employed (month/year) From: _____ To: _____	Position Title	
Salary Start: \$ _____ /Month Final: \$ _____ /Month <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, hrs/wk _____	Organization Name/Address	
May we contact for references <input type="checkbox"/> Yes <input type="checkbox"/> No	Supervisor's Name/Title/Phone:	Reason For Leaving:
Duties:		

Dates Employed (month/year) From: _____ To: _____	Position Title	
Salary Start: \$ _____ /Month Final: \$ _____ /Month <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, hrs/wk _____	Organization Name/Address	
May we contact for references <input type="checkbox"/> Yes <input type="checkbox"/> No	Supervisor's Name/Title/Phone:	Reason For Leaving:
Duties:		

Dates Employed (month/year) From: _____ To: _____	Position Title	
Salary Start: \$ _____ /Month Final: \$ _____ /Month <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, hrs/wk _____	Organization Name/Address	
May we contact for references <input type="checkbox"/> Yes <input type="checkbox"/> No	Supervisor's Name/Title/Phone:	Reason For Leaving:
Duties:		

PLEASE READ CAREFULLY AND CHECK THE BOX - I certify that the above statements are correct. I understand that **any** false information (or omissions) in this application, or its supporting documents, will be sufficient grounds for refusal to hire me or termination without notice. I agree that all rules, orders, and regulations made by MD Landscaping, Inc., affecting my employment shall constitute a part of my appointment or employment. I further understand that MD Landscaping, Inc. has the right to review my education, previous employment, driving, and criminal records and other background data.

APPLICANT'S SIGNATURE: _____ **DATE:** _____

NOTICE OF NONDISCRIMINATION - Per Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, and Section 504 of the Rehabilitation Act of 1973, MD Landscaping does not discriminate on the basis of race, color, religion, national origin, ancestry, sex, **age**, disability, or status as disabled veteran or veteran of the Vietnam Era.

In case of emergency, contact:	
Name: _____	Phone: _____
Relation: _____	Address: _____

NAME: _____

EMPLOYMENT HISTORY CONTINUATION

Dates Employed (month/year) From: _____ To: _____		Position Title	
Salary Start: \$ _____ /Month Final: \$ _____ /Month		Organization Name/Address	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, hrs/wk _____			
May we contact for references <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name/Title/Phone:	Reason For Leaving:
Duties:			
Dates Employed (month/year) From: _____ To: _____		Position Title	
Salary Start: \$ _____ /Month Final: \$ _____ /Month		Organization Name/Address	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, hrs/wk _____			
May we contact for references <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name/Title/Phone:	Reason For Leaving:
Duties:			
Dates Employed (month/year) From: _____ To: _____		Position Title	
Salary Start: \$ _____ /Month Final: \$ _____ /Month		Organization Name/Address	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, hrs/wk _____			
May we contact for references <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name/Title/Phone:	Reason For Leaving:
Duties:			
Dates Employed (month/year) From: _____ To: _____		Position Title	
Salary Start: \$ _____ /Month Final: \$ _____ /Month		Organization Name/Address	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, hrs/wk _____			
May we contact for references <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name/Title/Phone:	Reason For Leaving:
Duties:			
Dates Employed (month/year) From: _____ To: _____		Position Title	
Salary Start: \$ _____ /Month Final: \$ _____ /Month		Organization Name/Address	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, hrs/wk _____			
May we contact for references <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name/Title/Phone:	Reason For Leaving:
Duties:			