

**DECLARK'S LANDSCAPING**  
**APPLICATION FOR EMPLOYMENT**  
13800 33 Mile Rd Romeo, MI 48065  
Ph 586-752-7200/Fax: 586-752-9847  
Email: adeclark@declarkslandscaping.com

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security no: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Referred by: \_\_\_\_\_

Emergency Phone no: \_\_\_\_\_ Emergency contact name: \_\_\_\_\_

Position Desired: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

Current Employment: \_\_\_\_\_ Date you can start: \_\_\_\_\_

**Education history**

High School: \_\_\_\_\_ did you graduate? \_\_\_\_\_

College: \_\_\_\_\_ Degree: \_\_\_\_\_

**Former Employment**

1. Name: \_\_\_\_\_ Phone no.: \_\_\_\_\_

Position: \_\_\_\_\_ Dates worked: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Co-worker name: \_\_\_\_\_

Salary: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone no.: \_\_\_\_\_

Position: \_\_\_\_\_ Dates worked: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Co-worker name: \_\_\_\_\_

Salary: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone no: \_\_\_\_\_

Position: \_\_\_\_\_ Dates worked: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Co-worker name: \_\_\_\_\_

Salary: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

**Physical Record**

Do you have any physical defects that preclude you from performing any work for which you are being considered? \_\_\_\_\_

Were you ever injured on the job? \_\_\_\_\_ please explain: \_\_\_\_\_

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

**Driving Record**

**By signing this application you agree to allow DeClark's Landscaping Inc. to obtain your drivers history.**

Driver's License no. \_\_\_\_\_ (attach copy) Is it currently valid? \_\_\_\_\_

Do you have a CDL license? \_\_\_\_\_ Type of CDL: \_\_\_\_\_

Birth date: \_\_\_\_\_ (must include to process drivers history)

Please list any accidents or points currently on you driving record: \_\_\_\_\_

\_\_\_\_\_

Have your ever had any driving or criminal convictions? (if none, write "NONE"):

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

**Personal references** (please do not use family members)

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Other information**

Are you legally allowed to work in this country and do you have the required documents? \_\_\_\_\_

Do you have any mechanical experience, education, certifications or other experience you feel may be beneficial?

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

**Personnel Questionnaire**

What type of work did you do in you last job?

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

Why did you leave your last job?

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

What would you say are your strong points as related to the workplace?

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List the specific skills you have as related to the job you are applying for:

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Are there any restrictions on the hours you are available to work?

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Place an X in the blank next to the type of work in which you are most experienced with (maximum of 2):

Sprinkler Installation       Construction Equipment Operator  
 Landscape Installation       Construction Labor  
 Landscape Maintenance       Other (please specify)

What specific types of equipment are you experienced with?

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**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

DeClark's Landscaping Inc.  
13800 33 mile rd  
Romeo MI 48065  
586-752-7200

**NOTICE TO EMPLOYEES AND APPLICANTS THAT A MOTOR VEHICLE REPORT MAY BE OBTAINED**

In compliance with Public Law 91-508 (the Fair Credit Reporting Act), and as amended by Public Law 104-208 (the Consumer Credit Reporting Reform Act), and applicable state law, this notice is to inform you that a consumer report of your motor vehicle record (MVR) may be obtained in connection with your application for employment or current employment. If obtained, this consumer report may be used in making decisions concerning your application for employment and/or employment status with this company.

I fully release DeClark's Landscaping, Inc., and any agencies they use regarding the obtaining and communicating of my driving background information.

Name: \_\_\_\_\_

Driver's License No. \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Issuing State: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_