



Employment Application

Personal Information

Name _____ Date _____
Current Address _____
Phone Number () _____ Are you 18 years of age or older? _____
Are you prevented from lawful employment in the U.S. because of visa or immigration status? _____

Employment Desired

Position _____ Date you can start _____
Have you ever been employed here before? _____ if yes, dates of employment _____
Wage desired \$ _____ Are you available for full or part time hours? _____
Summer only? _____ Are you currently attending school? _____ Are you employed now? _____

Education (Starting with High School.)

School, Name & Address	Course of Study	Years Completed	Degree/Cert./ Diploma

Work Experience (Describe all work experience, paid and unpaid starting with the most recent.)

Position:		Name of Organization:		Part Time	
Phone Number:		Supervisor:		May we contact?	
City:		State:		Dates Employed:	
Duties:		Starting Wage:		Ending Wage:	
				Full Time	
				Volunteer	
				Other	

Work Experience (Describe all work experience, paid and unpaid starting with the most recent.)

Position:		Name of Organization:		Part Time
Phone Number:		Supervisor:	May we contact?	Full Time
City:		State:	Dates Employed:	Volunteer
Duties:		Starting Wage:	Ending Wage:	Other

Work Experience (Describe all work experience, paid and unpaid starting with the most recent.)

Position:		Name of Organization:		Part Time	
Phone Number:		Supervisor:		May we contact?	
City:		State:		Dates Employed:	
Duties:		Starting Wage:		Ending Wage:	

Special

Any specialized training? _____ Where? _____
License (CDL, Hydraulic, Etc.) _____ Are they up to date? _____
Equipment Operated Experience/Certification _____ What _____ How Long _____

Personal References (Professional references only, do not list family members or friends.)

Name _____	Relationship _____	Years Known _____
Occupation _____	Phone () _____	Best time to Contact _____
Name _____	Relationship _____	Years Known _____
Occupation _____	Phone () _____	Best time to Contact _____
Name _____	Relationship _____	Years Known _____
Occupation _____	Phone () _____	Best time to Contact _____

Special Considerations for General Landscape (Answers will not disqualify you from consideration)

Are you able to bend to lift from the ground?	Y	N
Are you able to work outdoors in all seasons?	Y	N
Are you able to drive a vehicle?	Y	N
Are you able to do handwork with a hoe, rake or other tool?	Y	N
Are you able to handle gasoline, diesel fuel, insecticides, etc.?	Y	N
Are you able to spend hours on your feet?	Y	N
Are you able to lift heavy loads up to 80 pounds?	Y	N
Are you able to extend your hours to complete a job?	Y	N
Are you able to operate a snow plow truck?	Y	N
Are you able to work around outdoor animals and pest?	Y	N
Are you able to work handle cleaning chemicals?	Y	N
Do you have pre-existing knowledge of plants, gardening and/or landscaping?	Y	N

*If you answered yes to the last question, please describe here:

If you answered no to any of the above questions please explain why here:

Emergency Contact Information

In case of emergency please notify _____ Phone () _____
Address _____

Applicant Statement

*I certify that all of the information I have provided in order to apply for and secure work with Phillips Care, LLC is true, complete and correct.

*I expressly authorize, without reservation, Phillips Care, LLC, its representatives, employees or agents to contact and obtain information from all references, employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume, or job interview. I hereby waive any and all rights and claims I may have regarding Phillips Care, LLC, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

*I understand that Phillips Care, LLC does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

*I understand that this application remains current for 90 days. At the conclusion of that time, if I have not heard from Phillips Care, LLC and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

*I understand that Phillips Care, LLC may share the information contained in this application with other Phillips Care, LLC employees and/or customers for employment and administrative purposes and hereby consent to such transfer.

*If I am hired by Phillips Care, LLC, I understand that I am free to resign at any time, with or without cause and without prior notice, and Phillips Care, LLC reserves the same rights to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specific period or defined duration. I understand that no supervisor or representative of Phillips Care, LLC is authorized to make any assurance to the contrary and that no implied, oral or written agreements contrary to the foregoing expressed language are valid unless they are in writing and signed by Phillips Care, LLC president.

*I agree to submit to legally permissible drug testing as part of Phillips Care, LLC's employment process. I agree that drug testing may be used for pre-employment and post-employment and that any offer is contingent upon my receiving a negative test result. Evidence of illicit drugs in my system may disqualify or terminate me from employment with Phillips Care, LLC.

*I agree that I may have to undergo a pre-employment or post-employment physical examination consistent with federal and state law, if required.

*I also understand that if I am hired by Phillips Care, LLC, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

*I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from Phillips Care, LLC service whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT!

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement:

Signature of Applicant _____ **Date** _____