



Smart Scapes Landscaping, Inc.
 8997 Columbia Road
 Olmsted Falls, OH 44138
 (440) 235-2356
 www.smartscaresoh.com

EMPLOYMENT APPLICATION FORM:

Please Print

An Equal Opportunity Employer

Personal Information:

Date _____ / _____ / _____

Full Name (first) _____ (middle) _____ (Last) _____

Address _____ (City, State) _____ Zip _____

Telephone # _____ Social Security # _____ / _____ / _____

Cell Phone # _____ Other# _____

Drivers License # _____ State _____

Employment Desired:

Position(s) applying for _____

Date you are available for work _____ / _____ / _____ Wages desired _____

Ever applied to this company before? Yes (when) _____ No

Type of employment desired Full Time Part Time Seasonal Educational

Total hours per week expected _____ Number of hours available per week _____

Have you ever been employed here? Yes No If so when? _____

Will you work overtime if required? Yes No

Are you currently employed? Yes No

If yes, may we contact your employer? Yes No

If necessary, the best time to call you at home is? _____ Time A.M. or P.M.

May we contact you at work? Yes No

If yes, work number _____ Best time to call _____ Time A.M. or P.M.

Referral Source Advertisement Employee Relative
 Walk-In Government Employment Agency
 Private Employment Agency Other
 Job Fair If so, which one _____
 Trucks Trade School Which one?
 Employment Lead Business Card(s)

General Other Data:

Are you 18 years of age or older? Yes No

Are you a citizen of the United States? Yes No
 (PROOF OF U.S. CITIZENSHIP OR IMMIGRATION STATUS WILL BE REQUIRED UPON EMPLOYMENT)

Are you prevented from lawfully becoming employed in this country because of a visa or immigration status?
 Yes No

In the past seven years, have you been convicted of or pleaded guilty to any criminal offense other than a minor traffic violation? Yes No

If yes, explain. (Please note a yes answer will not necessarily bar employment.)

Military Service:

Have you ever been in the U.S. Armed Forces? Yes No

What branch? _____ What Rank? _____

Dates of service _____ / _____ / _____ to _____ / _____ / _____

Are you presently in the Guard or Reserves? Yes No

Special Duties and or Military Training _____

Physical Record:

Do you have any physical limitations that may preclude you from performing any type of work for which you are being considered? Yes No

If yes, please describe: _____

Educational Background:

School	Name and Address Of school	Yrs. Attended	Did you Graduate	Courses Studied
High	_____	_____	_____	_____
College	_____	_____	_____	_____
Trade	_____	_____	_____	_____
Technical	_____	_____	_____	_____
Special Training	_____	_____	_____	_____

Employment History:

List the most recent first. Include any job-related military service and volunteer activities. Explain any gaps in employment in comments section below. (You may exclude organizations that indicate race, color, religion, gender, national origin, handicap or other protected status.)

Co. Name _____ Supervisor _____ Last Position _____

Address _____ Telephone # _____

Date Started ____/____/____ Last day ____/____/____

Pay Rate Start _____ Pay Rate end _____

Reason for leaving _____

Work Performed Irrigation Maintenance Hardscape Planting Grading
 Other Explain _____

Co. Name _____ Supervisor _____ Last Position _____

Address _____ Telephone # _____

Date Started ____/____/____ Last day ____/____/____

Pay Rate Start _____ Pay Rate end _____

Reason for leaving _____

Work Performed Irrigation Maintenance Hardscape Planting Grading
 Other Explain _____

Co. Name _____ Supervisor _____ Last Position _____

Address _____ Telephone # _____

Date Started ____/____/____ Last day ____/____/____

Pay Rate Start _____ Pay Rate end _____

Reason for leaving _____

Work Performed Irrigation Maintenance Hardscape Planting Grading
 Other Explain _____

Co. Name _____ Supervisor _____ Last Position _____

Address _____ Telephone # _____

Date Started ____/____/____ Last day ____/____/____

Pay Rate Start _____ Pay Rate end _____

Reason for leaving _____

Work Performed Irrigation Maintenance Hardscape Planting Grading
 Other Explain _____

Miscellaneous:

Do you have a license to drive heavy machinery?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Yrs of experience_____
Do you have a CDL?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Yrs of experience_____
If so, what type?_____			
Do you have experience driving a truck and trailer combination with equipment on the trailer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Yrs of experience_____
Do you have a general drivers license?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Yrs of experience_____
Have you ever performed snow removal before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Yrs of experience_____
If so, what have you done? _____			
Special Skills? _____			

Language capabilities:

Read English	<input type="checkbox"/> Fluent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> No
Speak English	<input type="checkbox"/> Fluent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> No
Write English	<input type="checkbox"/> Fluent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> No
Read Spanish	<input type="checkbox"/> Fluent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> No
Speak Spanish	<input type="checkbox"/> Fluent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> No
Write Spanish	<input type="checkbox"/> Fluent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> No

Relative Industry Experience:

Read Blue Print?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Grading capabilities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Plant installation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintenance experience?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Grass Cutting?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pruning?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tractor Operator?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Skid Steer Operator?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Snowplowing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Irrigation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hardscape?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fertilization?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Spraying?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mixing Pesticides?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

References:

List a minimum of 3 individuals (not related to you) who are familiar with your work-related skills, quality and quantity of work, have worked directly with you and / or have known you at least two years.

Name	Business	Address/ phone	Years acquainted
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

In Case Of Emergency Contact:

Name _____	Relationship _____
Address _____	City _____ State _____ Zip _____
Home Phone # _____	Work Phone # _____

I certify that the answers given herein are true and complete to the best of my knowledge and I understand that any false or misleading information given in my application or interview(s) is grounds for refusal to hire, or if hired, dismissal. I authorize investigation of all statements contained in this application. I also authorize any persons, employers, medical facilities or institutions, insurance companies and governmental agencies to release any past medical records or information about me in connection with this application. I understand that, as part of the application process, I may be asked to satisfactorily complete a pre-employment physical examination, including a blood or urine test for drugs or alcohol and that my failure to take or pass such a test will disqualify me from further consideration for employment. I acknowledge that, if hired, my employment may be terminated by me or by the company at any time, with or without cause, and with or without prior notice. In consideration for my being considered for employment and my employment, if hired, I agree to conform to the rules and regulations of the company and acknowledge that these rules and regulations may be changed, interpreted, withdrawn or added to by the company at any time, at the company's sole option without any prior notice to me.

This application is current for only sixty (60) days. At the conclusion of this time, if I have not heard from the Employer and still wish to be considered for employment, it will be necessary to fill out a new application.

_____	_____ / _____ / _____
Applicants Signature	Date

Printed Name	

R.L.Price Insurance Agency, Inc.
35590 Center Ridge Road, Suite 102
North Ridgeville, OH. 44039
Phone: 440-327-3221
Fax: 440-327-3224

FEDERAL DRIVER PRIVACY PROTECTION ACT

I, _____ Authorize: Smart Scapes, Inc.
Print Name 8997 Columbia Rd.
Olmsted Falls, OH.
44138-2422

To obtain my Motor Vehicle Record from R.L. Price Insurance Agency, Inc. and further agree to hold R.L. Price Insurance Agency, Inc. and their employees harmless due to any action taken by my employer / prospective employer as a result of R.L. Price Insurance agency, Inc. providing a copy of the report to my employer / prospective employer, or providing a summary of the contents of any reports to my employer / prospective employer. I understand that this record may contain personal information including but not limited to child support payments, alimony payments as well as information on driver violations and accidents. Further, R.L. Price Insurance Agency's only purpose in obtaining a copy of my MVR is for insurance underwriting purposes.

Signature of applicant / employee

Drivers License Number

Drivers License State

Birthdate

Social Security Number



INVESTIGATIVE FORM

We appreciate your interest in employment with Smart Scapes Inc. As part of our normal procedure for processing applications, we may conduct an investigation into your background. Therefore, by this document, we are disclosing to you that a consumer report, including an investigative consumer report containing information as to your character, general reputation and personal characteristics may be obtained from a credit reporting agency as part of the pre-employment background investigation and at any time during your employment, should it occur. Should an investigative consumer report be requested, you will have the right to demand a complete and accurate disclosure of the nature and scope of the investigation required and a written summary of your rights under the Fair Credit Reporting Act.

Will you please read the following statement and indicate your agreement by signing below.

I authorize all persons, investigative agencies, business organizations, schools, companies, corporations, credit bureaus and law enforcement agencies to supply Smart Scapes Inc. and or its agents, with an investigative consumer report containing any information concerning my background. I authorize Smart Scapes Inc., the personnel, partners, and or agents of such, to conduct and interpret interview procedures they believe necessary. If hired, this authorization shall remain on file and shall serve as an ongoing authorization for Smart Scapes Inc. to procure consumer reports or investigative consumer reports at any time during my employment period. I release Smart Scapes Inc. from any and all liability and responsibility and damages and claims of any kind whatsoever arising from this investigation of my background and the interview procedures conducted.

Please sign below to signify receipt of the foregoing disclosure and authorization.

Date _____

Drivers License # _____

Signature _____

Printed Name _____

Address _____

City _____ State _____ Zip _____



GENERAL DESCRIPTION OF PHYSICAL REQUIREMENTS

GENERAL JOB TITLE: LANDSCAPING / MAINTENANCE / SNOW REMOVAL

DRIVING: Team members must have a valid drivers license with less than 4 points or equivalent. Copy of current driving record is required before hiring.

WEIGHT: Team member must be able to lift (from the ground) and carry 50 pounds for a distance of 100 feet. Must be able to carry, twist, and turn with a minimum weight of 23 lbs. Strapped on the back for a minimum of 2 hours.

COMMUNICATION: Must be able to communicate effectively, both verbally and in writing (In English). Must be able to comprehend and follow instructions provided both verbally and in writing. Must be able to read, write, and perform math necessary to calculate and complete company work sheets.

BODY MOVEMENT: Must be able to walk for extended periods of time (minimum of 3 miles) per day. Must have complete use of both arms and legs, and both hands and feet. Must be able to sit, stand, stoop, bend and twist for prolonged periods of time. Must be able to climb and descend hills and stairs.

HEARING: Must have any hearing impairments corrected and be able to hear or understand a normal conversation.

VISION: Any vision correction (glasses or contacts) required by the team member's drivers license must be in place at all times on the job.

WEATHER TOLERANCE: Must be able to work outside in both hot and cold temperatures from 30 degrees below zero to 120 degrees Fahrenheit and should dress appropriately.

ENDURANCE: Must be physically able to work both indoors and outdoors for the duration of the stated company hours.

GENERAL: Must be able to fulfill all job responsibilities. Must be able to use and interpret necessary equipment for the job.

PRE-EXISTING CONDITIONS: Team members may not have any pre-existing conditions that limit any of the above stated requirements.

I have read the above physical requirements and hereby certify by signing below that to the best of my knowledge I am physically able to meet all of the above requirements for Smart Scapes Inc. team members.

Signature

Date

Printed Name



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SNOW & ICE MANAGEMENT EXPERIENCE

Name _____ Date _____

1. Where are you working presently? _____

2. Do you belong to any professional organizations? _____

3. How many hours per week do you expect to work? _____

4. What skills do you have that you feel could enhance this position?

5. How many years experience do you have in snow & ice management? _____

6. Doing what type of jobs? _____

7. What types of equipment have you run or operated? (Name, type, size)

8. What types of vehicles have you run or operated?

Make _____ Make _____

Model _____ Model _____

Year _____ Year _____

Plow Size _____ Plow Size _____

Plow Type _____ Plow Type _____

Make _____ Make _____

Model _____ Model _____

Year _____ Year _____

Plow Size _____ Plow Size _____

Plow Type _____ Plow Type _____



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SNOW & ICE MANAGEMENT EXPERIENCE

9. Are you available 24/7? _____

10. Are you available November 1st – April 15th? _____

11. Are you applying for snow only, or for year-round work? _____

12. Are you willing to perform the following:

Plowing/Salting Yes No

Loader Operator Yes No

Skid Steer Operator Yes No

Track Steer Operator Yes No

Snow Shoveling/Sidewalk Work Yes No

13. What do you think this job will entail on a daily basis? _____

14. What are you looking to get out of this job personally? _____

15. Tell us why you want to work for Smart Scapes _____

16. If we offered you a position, would you accept, and when would you be able to start?



EQUAL EMPLOYMENT OPPORTUNITY (EEO)

The following information is required to assist in Equal Employment Opportunity reporting and also for insurance records. It has no bearing on your employment and will be kept strictly confidential.

Name _____

Date of Birth _____

Address _____

Zip Code _____

Phone Number _____

Occupation _____

Sex _____ Male _____ Female

Check applicable space:

- _____ African American
- _____ Spanish Surnamed
- _____ Asian American
- _____ American India
- _____ Caucasian
- _____ Other