

Green Thumb Landscaping, Inc.

4495 E. Schnellville Road • St. Anthony, Indiana 47575 • Phone 812-326-2414 • Fax: 812-326-9206
e-mail: greent2414@yahoo.com



Date: _____

Name: _____

Address: _____ City, State, Zip _____

Mailing Address (if different than above): _____

Primary Phone#: _____ Secondary Phone#: _____

Email: _____

Date of birth: _____ Drivers License # _____

Do you have any points on your license & is your license current: _____

Criminal history? Yes No (If yes explain with date of last conviction): _____

Pay rate requested: _____

WORK EXPERIENCE

Most recent

Company Name: _____ Job title: _____

Job duties performed: _____

Supervisor's name & contact info: _____

Reason for leaving: _____

May we contact supervisor? Yes No (if no list reason): _____

Length of employment _____ Hourly rate received: _____

Company Name: _____ Job title: _____

Job duties performed: _____

Supervisor's name & contact info: _____

Reason for leaving: _____

May we contact supervisor? Yes No (if no list reason): _____

Length of employment _____ Hourly rate received: _____

HEALTH

List health problems (surgeries, back problems, etc):

Do you have lifting restrictions?

ABOUT YOU

What job skills do you have that Green Thumb will benefit from?

Are you able to work weekends & overtime?

Are you wanting full time or part time status?

With being a seasonal profession do you understand that unemployment benefits may be used in the winter?

When are you available to start work?

Do you speak English?

Job Application Certification:

I hereby certify that all entries on this job application and any attachments are true and complete. I also agree and understand that any falsification this information may result in my forfeiture of employment or termination of employment.

I understand that all information on this job application is subject to verification and I consent to criminal history and background checks. I also agree that you may contact references listed on this application.

I am also aware that a drug test will be taken & if I do not pass I will be liable for all costs associated with test.

Dated

Applicant Signature

OFFICE NOTES: