Employment Application

Carolina Greenscape Management
2 Victor St
Greenville, SC 29609
Phone: 864 - 757 - 1951
Fax: 864 - 757 - 1953
www.carolinagreenscape.com

Date:

Name:
Address:
City/State:
Zip/Postal Code:
SS Number:

Home Phone:
Cell Phone:

Positions Applied for: Team Member
Salary Desired:

Hours Available to Work:

Mon	
Tues	
Wed	
Thurs	
Fri	
Sat	
Sun	

◯ **Full-Time** ◯ **part-time** ◯ **Full or part-time**

When available to begin work?

Education

Type of School	Name of School and Address	No. Years Completed	Major or Degree
High School			
College Bus. or Trade School			
Professional School			
Other			

Have you ever been convicted of a crime: ◯ **yes** ◯ **no**
If yes, please explain

Do you have a drivers license? ◯ **yes** ◯ **no**
State of issue:
Have you had any accidents in the past 3 years? ◯ **yes** ◯ **no** **How many?**
Do you had any moving violations in the past 3 years? ◯ **yes** ◯ **no** **How many?**

Continue on the next page

Previous Employment (list up to 3)

1.

Name of Employer:

Name of last supervisor:

Dates of employment:

From: **To:**

Salary:

From: **To:**

Complete Address:

Phone #:

Last job title:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact your employer: ◯ **yes** ◯ **no**

2.

Name of Employer:

Name of last supervisor:

Dates of employment:

From: **To:**

Salary:

From: **To:**

Complete Address:

Phone #:

Last job title:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact your employer: ◯ **yes** ◯ **no**

Continue on the next page

3.

Name of Employer:

Name of last supervisor:

Dates of employment:

From: **To:**

Salary:

From: **To:**

Complete Address:

Phone #:

Last job title:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact your employer: ◯ **yes** ◯ **no**

Equipment Skills:

Landscaping Exp:

Irrigation: ◯ **Install** ◯ **Repair** ◯ **Both**

Certifications/Licenses:

List ANY physical ailments that would prohibit you from performing ANY tasks required by the Landscaping/Irrigation industry:

Please list 2 references other than relatives and previous employers

Name		
Position		
Company		
Telephone		

Below for company use only

Submit