



# EMPLOYMENT APPLICATION

Date	MM/DD/YYYY	Position Applied For	
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Personal Information			
First Name		Last Name	
Are you over 18?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Email	
Phone Number		Alt Number	

Present Address					
Street #/Name				Apartment/Unit #	
City/Town		Province		Postal Code	

Are you legally entitled to work in Canada? Yes  No

Do you have a valid Driver's License? Yes  No

Do you have a vehicle or ride to work every day? Yes  No

How far are you willing to drive to a jobsite? \_\_\_\_\_

Are you required to take prescription medication which could hinder your ability to drive or operate equipment or machinery? Yes  No

Education & Training						
High School		From	YYYY	to	YYYY	Graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>
Collage/University		From	YYYY	to	YYYY	Graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>
Other		From	YYYY	to	YYYY	Graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>

Do you have any additional training or licensing pertaining to the position you're applying for? Yes  No

Training/Course/Certification	Certificate Number (if applicable)	Expiry Date

Previous Employment & Experience					
Company		From	YYYY to YYYY	Job Title	
Address		Supervisor		Phone #	
Responsibilities		Reason for Leaving		Ok to Contact?	Yes <input type="checkbox"/> No <input type="checkbox"/>



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Company		From	YYYY to YYYY	Job Title	
Address		Supervisor		Phone #	
Responsibilities		Reason for Leaving		Ok to Contact?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Company		From	YYYY to YYYY	Job Title	
Address		Supervisor		Phone #	
Responsibilities		Reason for Leaving		Ok to Contact?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Do you have any landscape experience? Yes  No  \_\_\_\_\_

Do you have any construction experience? Yes  No  \_\_\_\_\_

Do you have any experience with machines (i.e. excavator, skid steer)? Yes  No  \_\_\_\_\_

Do you have any experience with quick-cuts or tampers? Yes  No  \_\_\_\_\_

Are you proficient at pulling a trailer? Yes  No  \_\_\_\_\_

Wages & Availability			
Desired Hourly Rate	\$	Available Start Date, If Hired	MM/DD/YYYY

Desired employment? Seasonal  Part-time  Seasonal or Part-time

Days/Hours available? No preference

Monday (From _____ to _____)	Sunday (From _____ to _____)
Tuesday (From _____ to _____)	Thursday (From _____ to _____)
Wednesday (From _____ to _____)	Friday (From _____ to _____)
Thursday (From _____ to _____)	Saturday (From _____ to _____)

Are there any days or hours in which you cannot work? Yes  No  \_\_\_\_\_

Do you have any issues with working long hours or weekends – sometimes 7 days per week? Yes  No

Do you have any pre-planned trips (i.e. already purchased vacation tickets)? Yes  No  \_\_\_\_\_

Are you willing and able to work in all weather conditions? Yes  No

Disclaimer	
<p><i>I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.</i></p>	
Signature	

Please send completed applications along with resume and three professional references to [info@imtlandscapegta.com](mailto:info@imtlandscapegta.com)