

For your convenience, most fields on this form can be typed out. Please note, however, that all required signatures must be completed by hand.



**Please answer every question completely and truthfully. Do not leave any items blank.**

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security # \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Current Address \_\_\_\_\_ Apartment #, Floor \_\_\_\_\_

City, State \_\_\_\_\_ Zip Code \_\_\_\_\_

Have you lived in Rhode Island for the last 10 years? Yes \_\_\_\_ No \_\_\_\_

If Not, please list your previous address(es) for the last 10 years, including dates at each address

Address 1/ Date From (\_\_\_\_ - \_\_\_\_ - \_\_\_\_ ) Address \_\_\_\_\_ Apt/Floor \_\_\_\_\_

City, State \_\_\_\_\_ Zip Code \_\_\_\_\_ Years lived \_\_\_\_\_

Address 2/ Date From (\_\_\_\_ - \_\_\_\_ - \_\_\_\_ ) Address \_\_\_\_\_ Apt/Floor \_\_\_\_\_

City, State \_\_\_\_\_ Zip Code \_\_\_\_\_ Years lived \_\_\_\_\_

Address 3/ Date From (\_\_\_\_ - \_\_\_\_ - \_\_\_\_ ) Address \_\_\_\_\_ Apt/Floor \_\_\_\_\_

City, State \_\_\_\_\_ Zip Code \_\_\_\_\_ Years lived \_\_\_\_\_

Address 4/ Date From (\_\_\_\_ - \_\_\_\_ - \_\_\_\_ ) Address \_\_\_\_\_ Apt/Floor \_\_\_\_\_

City, State \_\_\_\_\_ Zip Code \_\_\_\_\_ Years lived \_\_\_\_\_

Do you have any previous address(es) within the last 10 years that you cannot fit within the four spaces above? Yes \_\_\_\_ No \_\_\_\_ If you answered yes, please use the back of this form now, to list the remaining addresses as written above. **Please be sure to include all of the information as shown above.** Resume the rest of this application once you have finished this step.

\_\_\_\_\_  
Were you born in the United States? Yes \_\_\_\_ No \_\_\_\_ If not, where? \_\_\_\_\_

Are you legally allowed to work in the United States? Yes \_\_\_\_ No \_\_\_\_

Identification (Drivers license, State issued ID, or Green Card) \_\_\_\_\_

Do you possess any credentials, licenses, degrees or permits relevant to the landscaping industry?

Yes \_\_\_\_ No \_\_\_\_ If you answered yes, please list here-

\_\_\_\_\_  
\_\_\_\_\_

Please list the date you can start- \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Please check off all days / hours you **ARE CERTAIN** you can work. Please do not include any times you may be unavailable due to personal / family obligations. We do not work Sundays.

Please check the dates **you are certain** you can work

\_\_\_\_\_ Monday 7 AM until 5 PM

\_\_\_\_\_ Tuesday 7 AM until 5 PM

\_\_\_\_\_ Wednesday 7 AM until 5 PM

\_\_\_\_\_ Thursday 7 AM until 5 PM

\_\_\_\_\_ Friday 7 AM until 5 PM

\_\_\_\_\_ Saturday 8 Am until 1 PM

If the work week has 2 or more rain days, we ask that you work a minimum 8 hour day on Saturday. Are you able to commit to working Saturdays if needed? (Answering no will not disqualify you for employment, but applicants who are available Saturdays are preferred) Yes \_\_\_\_\_ No \_\_\_\_\_

How many hours per week do you prefer to work if given the choice?

(Choose one) 40 hours \_\_\_\_\_ 50 hours \_\_\_\_\_ 60 hours \_\_\_\_\_ 70 hours \_\_\_\_\_

Do you have your own reliable transportation to arrive to work on time every day? Yes \_\_\_\_\_ No \_\_\_\_\_

Vehicle year/make/model \_\_\_\_\_ Plate number/state \_\_\_\_\_

Do you have any mental or physical limitations that may prevent you from any aspect of landscaping?

Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered yes, please provide a brief description.

---

---

---

---

Do you take any prescription medications that warn against or may impair your ability to operate heavy machinery or drive a vehicle Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered yes, please list them here. \_\_\_\_\_

Do you have any allergies? Yes \_\_\_\_\_ No \_\_\_\_\_

If you are allergic to bees, by signing below, you agree to keep an "epi" pen on you at all times.

Sign here if you are allergic to bees. \_\_\_\_\_

## Skillset ratings

Please describe your skill level (1-10) for each of the following tasks with one having no experience, and 10 being an expert at the task.

- \_\_\_\_\_ Loading equipment on a trailer to prevent damage during transit between jobs / garage
- \_\_\_\_\_ Operating a zero turn stander mower without causing damage to turf even when wet
- \_\_\_\_\_ Operating a zero turn hydro sit-down mower without causing damage to turf even when wet
- \_\_\_\_\_ Operating a belt drive mower, with the ability to turn around without tire damage to turf
- \_\_\_\_\_ Weed whacking so that grass does not stand up again after you leave, without scalping
- \_\_\_\_\_ String trimmer edging of walks, curbs, beds without damaging property / windows. Etc
- \_\_\_\_\_ Backpack blowing efficiently and thoroughly, without leaving debris on paves surfaces
- \_\_\_\_\_ Weeding beds without missing any weeds, including under shrubbery and plants
- \_\_\_\_\_ Ability to identify the difference between a weed and a plant
- \_\_\_\_\_ Spreading mulch evenly without hand / footprints
- \_\_\_\_\_ Fall cleanups
- \_\_\_\_\_ Using a walk behind de-thatcher and core aerator without damaging property/equipment
- \_\_\_\_\_ Hedge Trimming of ornamental shrubs with small, medium, and large trimmers
- \_\_\_\_\_ Trimming large tall hedges / natural privacy hedges
- \_\_\_\_\_ Levelling ground and prepping, rolling out sod installations
- \_\_\_\_\_ Proper handling, delivering, and installing tree / plant specimens up to 15 feet tall
- \_\_\_\_\_ Building retaining walls
- \_\_\_\_\_ Building patios and walkways
- \_\_\_\_\_ Using a skid steer
- \_\_\_\_\_ Driving a dump truck and trailer, backing up, turning around, etc..
- \_\_\_\_\_ Snow plowing with a dump truck
- \_\_\_\_\_ Sanding / Salting parking lots
- \_\_\_\_\_ Years experience managing a crew of \_\_\_\_\_ employees (if any)
- \_\_\_\_\_ Applying fertilizer, herbicides, fungicides. Did you have a license to apply these products? Y\_\_N\_\_
- \_\_\_\_\_ Routine equipment maintenance such as oil changes, blade sharpening, grease, tire pressure, etc.

## Criminal Activity

I agree to have an international and federal / state background check performed. (Please sign below)

Signature \_\_\_\_\_ Date \_\_\_\_\_

If you have never been convicted of a crime, check none and continue to the next section. NONE\_\_\_

-----  
Have you ever been convicted of or plead No Contest to a crime? Yes \_\_\_ No \_\_\_ If yes, please explain

1) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

State \_\_\_\_\_ Date of plea \_\_\_\_\_ Sentence \_\_\_\_\_

2) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

State \_\_\_\_\_ Date of plea \_\_\_\_\_ Sentence \_\_\_\_\_

3) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

State \_\_\_\_\_ Date of plea \_\_\_\_\_ Sentence \_\_\_\_\_

4) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

State \_\_\_\_\_ Date of plea \_\_\_\_\_ Sentence \_\_\_\_\_

5) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

State \_\_\_\_\_ Date of plea \_\_\_\_\_ Sentence \_\_\_\_\_

6) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

State \_\_\_\_\_ Date of plea \_\_\_\_\_ Sentence \_\_\_\_\_

## Previous Experience

PLEASE NOTE- It is perfectly acceptable to not have perfect standings with previous employers, this is not a reason for leaving them off of this application. I understand that not all employers treat their employees fairly, and there are two sides to every story. If you have left another job because you were not happy, please explain verbally in detail to me what happened to make you want to leave each company, so that I can make a reasonable attempt to prevent this from happening within NRI landscaping Inc. As an employer, I seek long term employees, and treat my crew as family. In order for this to happen, honesty and open communication is essential. Please be truthful and do not leave any previous employers out of the following section. I will only contact your previous employers if you select yes on the "can we contact" section. Please include **ALL** of your previous employers for the last 10 yrs. There is a section at the bottom for self-employment periods, please use that section separately.

Previous Employer (start with most recent first) Company Name \_\_\_\_\_  
City/State \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Date Hired \_\_\_\_\_ Date left \_\_\_\_\_ reason for leaving-

\_\_\_\_\_

\_\_\_\_\_ May we contact? Y\_\_ N\_\_

Previous Employer / Company Name \_\_\_\_\_ City/State \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Date Hired \_\_\_\_\_ Date left \_\_\_\_\_ reason for leaving-

\_\_\_\_\_

\_\_\_\_\_ May we contact? Y\_\_ N\_\_

Previous Employer / Company Name \_\_\_\_\_ City/State \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Date Hired \_\_\_\_\_ Date left \_\_\_\_\_ reason for leaving-

\_\_\_\_\_

\_\_\_\_\_ May we contact? Y\_\_ N\_\_

Previous Employer / Company Name \_\_\_\_\_ City/State \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Date Hired \_\_\_\_\_ Date left \_\_\_\_\_ reason for leaving-

\_\_\_\_\_

---

---

\_\_\_\_\_ May we contact? Y\_\_ N\_\_

Previous Employer / Company Name \_\_\_\_\_ City/State \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Date Hired \_\_\_\_\_ Date left \_\_\_\_\_ reason for leaving-  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ May we contact? Y\_\_ N\_\_

Previous Employer / Company Name \_\_\_\_\_ City/State \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Date Hired \_\_\_\_\_ Date left \_\_\_\_\_ reason for leaving-  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ May we contact? Y\_\_ N\_\_

Previous Employer / Company Name \_\_\_\_\_ City/State \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Date Hired \_\_\_\_\_ Date left \_\_\_\_\_ reason for leaving-  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ May we contact? Y\_\_ N\_\_

Previous Employer / Company Name \_\_\_\_\_ City/State \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Date Hired \_\_\_\_\_ Date left \_\_\_\_\_ reason for leaving-  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ May we contact? Y\_\_ N\_\_

Can you provide pay stubs / tax returns from any of these previous employers? Yes \_\_\_\_ No \_\_\_\_

**Driving Record**

Have you had any moving violations, accidents, or tickets within the last 5years? Yes \_\_\_\_ No \_\_\_\_

If you answered yes, please give a brief description including dates and city / state here.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Self Employment (if none, skip this section)**

Dates from \_\_\_\_\_ to \_\_\_\_\_ Number of clients \_\_\_\_\_  
Annual revenue \_\_\_\_\_ List of any all services you offered \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did you have any employees? Yes \_\_\_\_ No \_\_\_\_ If yes, how many? \_\_\_\_\_

Did you file tax returns for these self-employed terms? Yes \_\_\_\_ No \_\_\_\_

**Professional references**

Do not include friends or relatives. Only list professional acquaintances.

- 1) Name \_\_\_\_\_ Business \_\_\_\_\_  
Phone number \_\_\_\_\_ City/ State \_\_\_\_\_
- 2) Name \_\_\_\_\_ Business \_\_\_\_\_  
Phone number \_\_\_\_\_ City/ State \_\_\_\_\_
- 3) Name \_\_\_\_\_ Business \_\_\_\_\_  
Phone number \_\_\_\_\_ City/ State \_\_\_\_\_

By signing below, you agree that you have completed this employment application truthfully and completely. If you are offered employment at N.R.I. Landscaping Inc., you agree that your position with the company is at an at will agreement and can be terminated by either party without notice or cause.

Applicants name (Print name) \_\_\_\_\_

Applicants current address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicants signature \_\_\_\_\_ Date Signed \_\_\_\_\_

(for office use only)

Date of Hire \_\_\_\_\_ Date employee starts work \_\_\_\_\_

Starting Salary \$ \_\_\_\_\_ / Hour      30 day review comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_