

# EDENSCAPE, LLC APPLICATION FOR EMPLOYMENT

## PERSONAL DATA

## TODAY'S DATE

NAME: _____	SOCIAL SECURITY # _____		
ADDRESS: _____	TELEPHONE: _____		
CITY, STATE, ZIP CODE: _____			
WHAT POSITION ARE YOU APPLYING FOR? _____			
DO YOU PREFER? (Circle one)	FULL-TIME	PART-TIME	SUMMER

ARE YOU LEGALLY ABLE TO WORK IN THE U.S?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
ARE YOU ABLE TO PERFORM ANY OR ALL JOB FUNCTIONS WITHOUT REASONABLE ACCOMODATION?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
ARE YOU OVER THE AGE OF 18?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
HAVE YOU EVER BEEN CONVICTED OF A FELONY?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, PLEASE DESCRIBE	_____	
_____		
HAVE YOU EVER BEEN INJURED ON THE JOB?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, EXPLAIN:	_____	
_____		
HAVE YOU EVER RECEIVED WORKMAN'S COMPENSATION FOR A JOB RELATED INJURY?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, EXPLAIN	_____	
_____		

DO YOU CURRENTLY HAVE A VALID OHIO DRIVER'S LICENSE?  YES  NO

EXPIRATION DATE OF LICENSE \_\_\_\_\_

IS YOUR DRIVER'S LICENSE IN GOOD STANDING?  YES  NO

WOULD YOU BE WILLING TO PROVIDE A DEPARTMENT OF MOTOR VEHICLE DRIVER REPORT?  YES  NO

## EDUCATION

DID YOU GRADUATE FROM HIGH SCHOOL?  YES  NO

COURSES OF STUDY (Please specify related classes) \_\_\_\_\_

DO YOU PLAN ON (OR HAVE YOU) ATTENDED COLLEGE?  YES  NO

IF YES, WHAT COLLEGE DID YOU ATTEND? \_\_\_\_\_

TYPE OF DEGREE RECEIVED: \_\_\_\_\_

DESCRIBE YOUR CAREER GOALS: \_\_\_\_\_

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INTERESTS AND HOBBIES: \_\_\_\_\_

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HOW DO YOU HOPE TO BENEFIT YOURSELF AS AN EMPLOYEE OF EDENSCAPE, LLC.?

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HOW WILL EDENSCAPE, INC. BENEFIT/PROFIT BY AWARDING YOU A POSITION WITH THE COMPANY?

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**EMPLOYMENT HISTORY**

**COMPANY NAME:** \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_

POSITION HELD: \_\_\_\_\_

DUTIES: \_\_\_\_\_

LENGTH OF EMPLOYMENT                      FROM:                      TO:

BEGINNING SALARY: \_\_\_\_\_

ENDING SALARY: \_\_\_\_\_

**COMPANY NAME:** \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_

POSITION HELD: \_\_\_\_\_

DUTIES: \_\_\_\_\_

LENGTH OF EMPLOYMENT                      FROM:                      TO:

BEGINNING SALARY: \_\_\_\_\_

ENDING SALARY: \_\_\_\_\_

**COMPANY NAME:** \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_

POSITION HELD: \_\_\_\_\_

DUTIES: \_\_\_\_\_

LENGTH OF EMPLOYMENT

FROM:

TO:

BEGINNING SALARY: \_\_\_\_\_

ENDING SALARY: \_\_\_\_\_

PLEASE LIST THREE REFERENCES THJAT ARE NOT FAMILY MEMBERS

:  
NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE : \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

FOR THE FOLLOWING QUESTIONS; ANSWER TO THE BEST OF YOUR ABILITY. IF YOU DO NOT KNOW, LEAVE IT BLANK.

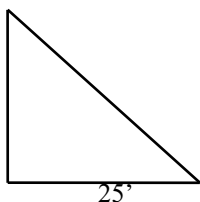
16'



62'

AREA OF RECTANGLE: \_\_\_\_\_

25'



25'

AREA OF TRIANGLE: \_\_\_\_\_

JEFF AND JOHNNY GO TO MRS. JONES HOME TO MOW THE LAWN. THEY ARRIVE AT 8:30 a.m. THEY COMPLETE THE JOB AND DEPART AT 9:45 a.m. WHAT IS THE TOTAL MAN HOURS USED ON THE JONES ACCOUNT? \_\_\_\_\_

CIRCLE THE PLANTS BELOW THAT WOULD BE CLASSIFIED AS A GROUND COVER:

LIRIOPE      CREEPING PHLOX      ENGLISH IVY      AJUGA LILIUM

CIRCLE THE TURF GRASSES IN THE FOLLOWING LIST:

PAMPAS GRASS      CREEPING RED FESCUE      ST. AUGUSTINE GRASS      KENTUCKY BLUE GRASS

NAME THREE TREES NATIVE TO OHIO (Common Names): \_\_\_\_\_

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NAME THREE EVERGREEN SHRUBS THAT HAVE GROWTH HEIGHTS UNDER 6' TALL:

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WHAT DOES NITROGEN DO FOR PLANT MATERIALS? \_\_\_\_\_

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As part of our procedure for processing your employment application, your personal and employment references may be checked. If you have misrepresented or omitted any facts on this application, and are subsequently hired, you may be discharged from your job. You may make a written request for information derived from the checking of your references. I understand and agree to the information shown above.

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Signature of Applicant, Date