

EMPLOYEE APPLICATION:

Date (El día de hoy): _____ **Salary:** _____ **Division:** _____

First Name (Primer Nombre): _____ **Last Name (Apellido):** _____

Address (Direccion): _____

City: _____ **State:** _____ **Zip Code:** _____

Phone Number (Telefono): _____ **Date of Birth:** _____

Email: _____

Experience:

1. _____ **Dates of Employment:** _____

2. _____ **Dates of Employment:** _____

3. _____ **Dates of Employment:** _____

Education:

1. _____ **Year of Graduation:** _____

2. _____ **Year of Graduation:** _____

3. _____ **Year of Graduation:** _____

Emergency Contact: _____ **Phone:** _____ **Relationship:** _____
(Nombre del contacto de emergencia) (Telefono): (relación):

Position: (Check One)

Lawn Maintenance IPHCS (Lawn Care Technician) Landscape Construction Mechanic
 Irrigation Technician

Drivers: (Please submit a copy of your Drivers License):

By signing this application, I acknowledge that High Tech Landscapes, Inc. will be checking my motor vehicle driving record. I understand that all of the information provided on this form will be kept confidential, and certify that, to the best of my knowledge, the above information is correct, and that any falsification may result in disciplinary action, up to and including termination.

Al firmar esta solicitud, reconozco que los paisajes de alta tecnología, Inc. será revisar mi vehículo de motor registro de conducir. Entiendo que toda la información proporcionada en este formulario será confidencial, y certificar que, a lo mejor de mi conocimiento, la informacion anterior es correcta, y que cualquier falsificación puede resultar en acción disciplinaria, hasta e incluyendo el despido.

Signature

Date