

EMPLOYMENT APPLICATION

Name (First, Middle Initial, Last):						
Address:						
PHONE: (H)	Рном	ιε: (W)_				
Occupation:		D	ATE OF AVAILABILITY			
Position You are Applying for:			EXPECTED WAGE/HR			
EDUCATION:						
Name and location of High School, College or University		Major	SUBJECT	DATES ATTENDED		
Work History (List the most recent fi	RST):					
EMPLOYER NAME:		EMPLOYER ADDRESS:				
SUPERVISOR'S NAME						
PHONE:	JOB TITLE:			WAGE:		
FULL/PART TIME:	EMPLOYED FROM:			0:		
DUTIES:						
REASON FOR LEAVING:						

EMPLOYER NAME:		EMPLOYER ADDRESS:					
SUPERVISOR'S NAME							
PHONE:	JOB TITLE:		WAGE:				
FULL/PART TIME:	EMPLOYED FR	ROM: TO:	I				
Dutura							
DUTIES:							
REASON FOR LEAVING:							
EMPLOYER NAME:		EMPLOYER ADDRESS:					
SUPERVISOR'S NAME							
PHONE:	JOB TITLE:		WAGE:				
FULL/PART TIME:	EMPLOYED FR	ROM: TO:					
Burne							
DUTIES:			 				
REASON FOR LEAVING:							
MAY WE CONTACT PRESENT EMPLOYER?							
DO YOU HAVE A VALID DRIVERS LICENSE?							
How did you hear about this position?							
PLEASE DESCRIBE ANY PREVIOUS EXPERIENCE RELA	ATED TO LANDSCA	PING:					
WHAT ASSETS WOULD YOU BRING TO OASIS LANDSC	APES?						
HAVE YOU BEEN CONVICTED OF A FELONY?		YES_	NO				
IF YES, PLEASE EXPLAIN:							
DO YOU HAVE ANY CONDITION THAT WOULD INTERFERE WITH YOUR ABILITY TO WORK ON A LANDSCAPE CREW?							
YESNOIF YES, PLEASE EXPLAIN:	· ·						
YOUR SIGNATURE		DATE					

Please send completed application to Chad Erickson, 1049 5th Ave NE #5 West Fargo, ND 58078
Phone: 701-361-2401 E-Mail: oasisplantscapes@msn.com