



Green Effects

GREEN EFFECTS, INC. 115 Roy Road SW Pacific, WA 98047
253-891-9888, FAX: 253-891-9777

APPLICATION FOR EMPLOYMENT WE ARE AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

(PLEASE PRINT)

Position Applying For:	Desired Wage:	Date:
Department: <input type="checkbox"/> Construction <input type="checkbox"/> Maintenance <input type="checkbox"/> Office		
Referral Source: <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Walk In <input type="checkbox"/> Employment Agency <input type="checkbox"/> Other		
Referred By:		

Name:	Telephone:
_____	() _____
Last First Middle	
Current Address:	

Street	City State Zip
Telephone number where you can be reached during the day: () _____	
Age: Are you of legal age to work? <input type="checkbox"/> Yes <input type="checkbox"/> No, If Under 18, do you have a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Current Washington State Driver's License: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever had your driver's license revoked or suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No	

SCHOOL / TRAINING:		
Circle year completed: 8 9 10 11 12 12+	*High School Attended:	Yrs:
Degree: <input type="checkbox"/> Yes <input type="checkbox"/> No	Major Interest:	
Special Acknowledgments:		
*College Attended:	Yrs:	Degree: <input type="checkbox"/> BA/BS <input type="checkbox"/> MA/MS
Subjects Studied:		
Major Interest:		
Special Acknowledgments:		
*Specialized Training:		
Internship:	Date:	To:
Apprentice:	Date:	To:
Other:	Date:	To:
*Are you currently enrolled as a student? <input type="checkbox"/> Yes <input type="checkbox"/> No Program:		
*Hobbies/Special Interest:		

DISABILITIES:

Do you have any physical, sensory, or mental handicaps that would preclude your performance in the job for which you are applying? [] Yes [] No If yes, please explain: (Answer if occupational qualifications have been established, or are obvious for the job).

Are you able to lift 50 lbs? [] Yes [] No

My primary source of transportation to and from work is:

Have you worked for this company before? [] Yes [] No Dept: _____ Date: _____ To: _____

Have you filed an application here before? [] Yes [] No Date: _____

On what day can you be ready to work?

REFERENCES: (Do not list Relatives)

1. Name: _____ **Relationship:** _____ **Phone:** _____

Address: _____

2. Name: _____ **Relationship:** _____ **Phone:** _____

Address: _____

3. Name: _____ **Relationship:** _____ **Phone:** _____

Address: _____

EMPLOYMENT RECORD: (Begin with latest or present employment)

1. Company Name: _____ **Employed From:** _____ **To:** _____

Company Address: _____ Title/Position: _____

Phone Number: _____ **My Immediate Supervisor:** _____

My basic duties were:

I left because: (Explain)

My wage per [] Hour [] Month was \$ _____ Start \$ _____ Final

May we contact this employer? [] Yes [] No

2. Company Name: _____ **Employed From:** _____ **To:** _____

Company Address: _____ Title/Position: _____

Phone Number: _____ **My Immediate Supervisor:** _____

My basic duties were:

I left because: (Explain)

My wage per [] Hour [] Month was \$ _____ Start \$ _____ Final

May we contact this employer? [] Yes [] No

3. Company Name:	Employed From:	To:
Company Address:	Title/Position:	
Phone Number:	My Immediate Supervisor:	
My basic duties were:		
I left because: (Explain)		
My wage per [] Hour [] Month was \$_____Start \$_____Final		
May we contact this employer? [] Yes [] No		
Additional Notes/Comments:		

CONSTRUCTION & MAINTENANCE ONLY:			
Have you ever worked in the landscape industry or horticultural field? [] Yes [] No			
1. Title of my job:	Company Name:	Date:	To:
2. Title of my job:	Company Name:	Date:	To:
3. Title of my job:	Company Name:	Date:	To:
Additional Notes/Comments:			
Have you ever driven a truck? [] Yes [] No Size:_____			
Do you have endorsements on your driver's license authorizing you to operate a vehicle other than an automobile? [] Yes [] No List:_____			
Have you ever operated equipment? [] Yes [] No			
List Equipment:			
Do you have a WA State Pesticide Applicator's License? [] Yes [] No License #_____Expiration:_____			
Have you ever installed or repaired irrigation systems? [] Yes [] No			
Have you ever supervised the work of another? [] Yes [] No How Many Employees:_____			

READ THE FOLLOWING AND SIGN BELOW:

If hired can you prove that you are either: 1). A U.S. Citizen, or 2) That your immigration status permits you to lawfully work in this country? Yes No

In the event of employment, this company reserves the right to discharge an employee if information supplied herein is found to be false. You may be hired conditionally, subject to verification of and by your references.

I authorize investigation of all statements contained in this application as may be necessary in arriving at an employment decision.

I have not answered questions which tend to be, in my opinion, unlawful or discriminatory.

I Certify that answers given herein are true and correct to the best of my knowledge.

APPLICANT'S SIGNATURE: X

VOLUNTARY SUPPLEMENTAL DATA SHEET

FOR EQUAL EMPLOYMENT OPPORTUNITY/AFFIRMATIVE ACTION INFORMATION

Periodic reports are made to the Government on the following applicant information. Your submission of this information is optional. This portion of the employment application will not become part of your applicant file.

Name: _____					Birth Date: Mo-Day-Yr _____	
Last	First	Middle				
Are you a Disabled Veteran? [] Yes [] No				Are you a Vietnam Era Veteran? [] Yes [] No		
Describe any physical or mental disability you have.						
Sec/Race-Ethnic: White a. Black b. Asian or Pacific Islanders c. Hispanic d. American Indian or Alaskan Natives e. Other- Specify						
Male	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 5	<input type="checkbox"/> 7	<input type="checkbox"/> 0	_____
Female	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 6	<input type="checkbox"/> 8	<input type="checkbox"/> 9	_____

a. All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

b. All persons having origins in any of the Black racial groups of Africa.

c. All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.

d. All persons of Mexican, Puerto Rican, Cuban, Central or South America, or other Spanish culture or origin, regardless of race.

e. All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal