



APPLICATION FOR EMPLOYMENT  
C&A Landscape Maintenance, LLC

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_

ADDRESS: \_\_\_\_\_ BIRTHDAY \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

TELEPHONE NO: \_\_\_\_\_ DRIVERS LICENSE NO: \_\_\_\_\_

POSITION DESIRED: \_\_\_\_\_ SALARY \_\_\_\_\_ DATE AVAILABLE \_\_\_\_\_

PERSON TO CONTACT IN CASE OF EMERGENCY: \_\_\_\_\_

**EDUCATION:** COMPLETED HIGH SCHOOL \_\_\_ YES \_\_\_ NO WHERE? \_\_\_\_\_

U. S. MILITARY SERVICE EXPERIENCE \_\_\_\_\_ TYPE OF DISCHARGE \_\_\_\_\_

Have you ever been convicted of any unlawful act? \_\_\_\_\_ Please explain \_\_\_\_\_

Do you have a safe driving record? \_\_\_\_\_ If no please explain \_\_\_\_\_

Do you have any tickets in the past 3 years? \_\_\_\_\_

BUSINESS EXPERIENCE: List previous Employer starting with the last or present:

Employer	Position	Salary	Reason for leaving
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Employer	Position	Salary	Reason for leaving
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Employer	Position	Salary	Reason for leaving
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**REFERENCE:** List 3 persons not related and not former employers:

Name	Address/Telephone Number
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Name	Address/Telephone Number
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Name	Address/Telephone Number
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Acknowledgement of Conditions of Employment:

I hereby certify and acknowledge that it is a condition of my employment that those items answered by me in my application for employment are full and complete to the best of my knowledge. I fully understand that should any answer be incorrect or incomplete, I will be subject to dismissal at any time in the future. In addition to the specific questions asked, there is no material matter or a civil or criminal nature, pending or disposed of which would adversely affect my performance in any position of trust with C&A Landscape Maintenance, LLC, nor do I know of anything in my background that would be averse to my selection for such position.

I hereby authorize C&A Landscape Maintenance, LLC to check personal references and former employers.

Signature

Date

ATTACH A COPY OF YOUR SOCIAL SECURITY CARD AND YOUR DRIVERS LICENSE TO THE APPLICATION.





PLEASE PRINT

MEDICAL HISTORY---LETRA DE MOLDE

HISTORIA MEDICA

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
*Nombre* \_\_\_\_\_ *Numero de Seguro Social* \_\_\_\_\_  
 Last First Middle City State Zip Code  
*Domicilio* \_\_\_\_\_ *Ciudad* \_\_\_\_\_ *Estado* \_\_\_\_\_ *Zip Code* \_\_\_\_\_

Do you have or have you had any of the following? (Please check EACH of the following Yes or No. Any Yes answer must be fully explained below)  
 ANSWER ALL questions. *Tiene o ha tenido las siguientes? (Conteste Si or No. Las repuestas afirmativas deben ser explicadas abajo completamente).*  
*Contesta TODAS las preguntas*

	YES	NO		YES	NO
	SI	NO		SI	NO
Epilepsy <i>Epilepsia</i>	<input type="checkbox"/>	<input type="checkbox"/>	Allergies <i>Alergias</i>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes (Sugar Problems) <i>Diabetes (Problemas de Azucar)</i>	<input type="checkbox"/>	<input type="checkbox"/>	Psychiatric or Psychological Treatment or Evaluation <i>Tratamiento o Evaluacion Siquiatrica o Sicologica</i>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiac (Heart) Disease <i>Enfermedad Cardiaca (Corazon)</i>	<input type="checkbox"/>	<input type="checkbox"/>	Hemophilia or other blood disease	<input type="checkbox"/>	<input type="checkbox"/>
Marie Strumpell Disease <i>Mal de Marie Strumpell</i>	<input type="checkbox"/>	<input type="checkbox"/>	Osteomyelitis <i>Osteomelitis</i>	<input type="checkbox"/>	<input type="checkbox"/>
Loss of vision <i>Perdida de Vista</i>	<input type="checkbox"/>	<input type="checkbox"/>	Stiff Joints <i>Problemas en las Articulaciones</i>	<input type="checkbox"/>	<input type="checkbox"/>
Polio <i>Polio</i>	<input type="checkbox"/>	<input type="checkbox"/>	Muscular Dystrophy <i>Distrofia Muscular</i>	<input type="checkbox"/>	<input type="checkbox"/>
Amputation <i>Amputacion</i>	<input type="checkbox"/>	<input type="checkbox"/>	Thrombophlebitis <i>Tromboflebitis</i>	<input type="checkbox"/>	<input type="checkbox"/>
Cerebral Palsy <i>Paralisis Cerebral</i>	<input type="checkbox"/>	<input type="checkbox"/>	Herniated Intervertebral Disc <i>Hernia en los Discos Vertebrales</i>	<input type="checkbox"/>	<input type="checkbox"/>
Multiple Sclerosis <i>Esclerosis Multiple</i>	<input type="checkbox"/>	<input type="checkbox"/>	Back Surgery <i>Cirugia de la Espalda</i>	<input type="checkbox"/>	<input type="checkbox"/>
Parkinson's Disease <i>Mal de Parkinson</i>	<input type="checkbox"/>	<input type="checkbox"/>	Arthritis <i>Artritis</i>	<input type="checkbox"/>	<input type="checkbox"/>
Vascular (Circulation) Disorder <i>Problemas Circulatorios</i>	<input type="checkbox"/>	<input type="checkbox"/>			

Have you ever received treatment for a back, neck or knee condition or head injury?  
*Ha recibido usted tratamiento por algun problema en la espalda, cuello o rodilla o golpe a la cabeza?* \_\_\_\_\_

Do you now or have you ever suffered from aches and pains of the back?  
*Padece usted o ha padecido de Dolores en la espalda?* \_\_\_\_\_

Have you ever had any surgery?  
*Ha tenido alguna vez cualquier tipo de cirugia?* \_\_\_\_\_

Can you perform the essential functions of the position you are applying for with reasonable accommodation?  
*Puede usted cumplir las funciones esenciales de la posicion que usted esta aplicando por, con acomodacion razonable?* \_\_\_\_\_

Have you ever received a disability rating for any reason?  
*Ha sido usted alguna vez clasificado como deshabilitado?* \_\_\_\_\_

Explain fully any Yes answer: (Use other side of page if necessary).  
*Explique completamente cualquier repuesta de Si; (Use la pagina de atras si es necesario).* \_\_\_\_\_

I have been fully advised that if I am injured on the job, regardless of how minor the injury may seem, I am to report that injury immediately to my supervisor. *Yo he sido totalmente instruido que si yo sufro algun accidente en el trabajo debo reportarlo inmediatamente a mi supervisor. Aun cuando el accidente aparenta ser pequeno.*

I certify the above answers to be true and correct. *Yo certifico de que lo declarado anteriormente es correcto.*

Signature \_\_\_\_\_ Date \_\_\_\_\_  
*Firma* \_\_\_\_\_ *Fecha* \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_  
*Testigo* \_\_\_\_\_ *Fecha* \_\_\_\_\_





Note: If employee is unable to read and write, he is to make his mark, in the place for his signature. The witness is to certify that he has read the above requested information to the employee and that the answers are those of the employee. Sign in the space for witness to certify.

**C&A LANDSCAPE MAINTENANCE, LLC  
NEW HIRE FORM**

“I, \_\_\_\_\_, recognize and accept as Terms of Hire with C&A Landscape Maintenance, LLC for the following:

1. A 90-day Probationary Period during which time I may be terminated if my job performance is deemed unacceptable.
2. In compliance with the company’s policy and insurance procedures, I understand that my driving record will be checked through the State Department of Motor Vehicles. I further understand that an unsatisfactory driving record may be just cause for my termination with C&A Landscape Maintenance, LLC, as it is company policy that each employee be able to operate company vehicles as required.

My Driver’s License Number is:  
It is ( ), is not ( ) a CDL License.

3. As an employee of C&A Landscape Maintenance, LLC, I agree to comply with the following company policies and rules. By signing this form, I certify that I have read and do understand each rule and the penalties as outlined for noncompliance of said.
  - (a) Any employee determined to be under the influence of alcoholic beverages and/or illegal drugs while on the job will be terminated immediately.
  - (b) Any employee being absent without a reasonable cause will be written up no more than 3 times and then shall be terminated.
  - (c) Each employee is expected to be at work on time each day unless other arrangements are made. Three warnings may then follow to termination.
  - (d) Employees of C&A Landscape Maintenance, LLC, ONLY are to ride in company vehicles or on company equipment. (Driver or operator will be dealt with by whatever means deemed appropriate at the time).
  - (e) Safety goggles will be worn when using high abrasive tools or impact tools (hand electric or air, line trimmers, edgers, mowers, etc.).
  - (f) Accident reports must be filed within 24 hours of any job-related accident on forms provided in the office. It is the employee’s responsibility to report any job-related accident or injury to their foreman or supervisor immediately.
  - (g) Truck Drivers are responsible for the complete care and maintenance of the truck they drive (daily).
  - (h) We expect our Truck Drivers to be the most courteous on the road and all employees most courteous to the customer NO EXCEPTIONS!

\_\_\_\_\_  
Signed Date

Do you have any physical handicaps or medical problems? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list them: \_\_\_\_\_





**EMPLOYEE OR JOB APPLICANT ACKNOWLEDGEMENT OF RECEIPT AND UNDERSTANDING:**

I hereby acknowledge that I have received and read the summary of the company’s Drug-Free Workplace Policy, a summary of the drugs, which may alter or affect a drug test and a list of employee assistance providers. I understand that the text of the Drug-Free Workplace Policy is available upon request. I also understand that as a condition of employment I must abide by the policy. I understand any violation of the policy is grounds for disciplinary action up to and including termination.

Further, I understand as a condition of my employment, during my employment I may be asked to take a drug or alcohol test. I understand that if I am asked to take a legal drug or alcohol test during my employment and I refuse I will be TERMINATED IMMEDIATELY.

I UNDERSTAND THAT IF I AM INJURED IN THE COURSE AND SCOPE OF MY EMPLOYMENT AND REFUSE TO SUBMIT TO A TEST OR TEST POSITIVE FOR ILLEGAL DRUGS OR ALCOHOL FORFEIT MY ELIGIBILITY FOR MEDICAL AND INDEMNITY BENEFITS UNDER WORKER’S COMPENSATION UPON EXHAUSTION OF THE REMEDIES PROVIDED IN FLORIDA STATUTES s440-1-2 (5).

I understand the Drug-free Workplace Policy and related document are not intended to represent a contract between the company and me.

I further state that I have read the following acknowledgement and know the contents thereof and sign this of my own free will.

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
DATE





## Safety Manual Receipt Form

I have received, read, and understand the C&A Landscape Maintenance, LLC Safety Program and I agree to abide by the rules and policies. I further understand the failure to do so could result in disciplinary action or termination.

Employee Name: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

