Kokopelli Landscaping Inc.
P.O. Box 996
Mesquite, NV 89024
(702)346-2332

JOB APPLICATION

Personal Information

Social Security Number:_____ Date:_____

Name:_____
FIRST NAME MIDDLE NAME LAST NAME

Address:_____
STREET CITY STATE ZIP COUNTY

Phone:_____ Have you ever applied with us before? YES:_____ No:_____

Birth Date:_____ If yes, when?_____

Primary spoken language:_____

Position Desired:_____ **Salary Desired:**_____

How did you hear of our organization?_____

Availability

Days Available: Sun_____Mon_____Tues_____Wed_____Thur_____Fri_____Sat_____

Hours Available: from_____ to_____

Are you available to work holidays? Yes:_____ No:_____

When will you be available to begin work? _____/_____(Month/Year)

Eligibility

Are you eligible to work in the U.S.? Yes:_____ No:_____

Are you 17 years or older? Yes:_____ No:_____

Have you ever worked for this company before? Yes:_____ No:_____ If yes, when? _____

*Have you ever been convicted of a crime or felony? Yes_____ No:_____

If yes, please explain:_____

_____

_____

_____

*Conviction of a crime, or pleading quilty to a criminal charge, will not necessarily disqualify you from the job for which you are applying. Each conviction or plea will be considered with respect to time, job, relatedness, and other relevant factors.

Education

High School:_____ City:_____ State:_____

College:_____ City:_____ State:_____

Course of Study:_____ # of Years Completed:_____

Did You Graduate: Yes_____ No:_____ Degree:_____

Please describe any specials skills or training (additional spoken or written languages, machine operation, experience, etc.). _____

_____

_____

_____

Employment History

Please give accurate and complete full time employment record. Start with present or most recent employer. Include military experience if applicable.

Company Name:______________________________________ City:________________________ State:_________
Company Phone #:___________________________ Supervisor/Contact Name:____________________________
Employed from:_________ to:_________ Job Title:____________________________ Weekly Pay:______________
Describe your work:____
____
____
Reason for leaving:____
May we contact this employer? Yes:_______ No:_______
If no, why?____

Company Name:______________________________________ City:________________________ State:_________
Company Phone #:___________________________ Supervisor/Contact Name:____________________________
Employed from:_________ to:_________ Job Title:____________________________ Weekly Pay:______________
Describe your work:____
____
____
Reason for leaving:____
May we contact this employer? Yes:_______ No:_______
If no, why?____

Company Name:______________________________________ City:________________________ State:_________
Company Phone #:___________________________ Supervisor/Contact Name:____________________________
Employed from:_________ to:_________ Job Title:____________________________ Weekly Pay:______________
Describe your work:____
____
____
Reason for leaving:____
May we contact this employer? Yes:_______ No:_______
If no, why?____

It shall be the policy of Kokopelli Landscaping Inc. to maintain a workforce free of substance abuse. Employees are required to not report to work while under the influence of drugs and alchohol. No drugs or alchohol will be permited on company property or any jobsites pertaining to Kokopelli Landscaping Inc. Drug Testing will be conducted at random, post-accident, and upon reasonable suspicion. Failure to comply with this policy, or refusal to comply will result in immediate termination.

I certify that my answers are true and complete to the best of my knowledge. I also certify that I have read and understand the above substance abuse policy upheld by Kokopelli Landscaping, and agree to its conditions.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my immediate release.

Signature:____ Date:____________________________