LANDSCAPE HAWAII INC.
2621 Waiwai Loop • Honolulu, Hawaii 96819 • Phone (808) 836-5332 • Fax (808) 836-5336

Application for Employment

Date:_____ **Position**:_____

Personal & General Information

Name: _____
Last First Middle

Address: _____
Street City State Zip

Phone Number: (____) _____ E-mail:_____

Social Security Number: _____ Do you have a valid Hawaii Driver's License? ☐ Yes ☐ No
Must be furnished upon employment

If you are under 18, please state your age:_____ Date able to start:_____ Salary desired:_____

1. Are you legally authorized to work in the United States of America? ☐ Yes ☐ No
2. Are you presently employed? ☐ Yes ☐ No
3. Have you been employed by this company before? ☐ Yes ☐ No
    a. If you answered *Yes*, when? _____
4. Are you capable of performing the functions of the job you are applying for, with or without reasonable accommodations? ☐ Yes ☐ No
    a. If you answered *No*, please explain: _____
5. Do you know anyone presently working for Landscape Hawaii, Inc.? ☐ Yes ☐ No
    a. If you answered *Yes*, please specify: _____

Education

High School:	**Location:**	**No. of years completed:**	**Degree:**	**Did you graduate?** ☐ Yes ☐ No
College:	**Location:**	**No. of years completed:**	**Degree:**	**Did you graduate?** ☐ Yes ☐ No
Other:	**Location:**	**No. of years completed:**	**Degree:**	**Did you graduate?** ☐ Yes ☐ No

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Employment History

1.	**Employer:**	**Supervisor:**	**Duties:**	
Address:		**Date employed:** _____ to _____	**Reason for Leaving:**	
2.	**Employer:**	**Supervisor:**	**Duties:**	
Address:		**Date employed:** _____ to _____	**Reason for Leaving:**	
3.	**Employer:**	**Supervisor:**	**Duties:**	
Address:		**Date employed:** _____ to _____	**Reason for Leaving:**	

References

*Please list three (3) professional references who are **not** related to you:*

1.	**Full Name:**	**Company:**	**Relationship:**	**Phone:** ( )
2.	**Full Name:**	**Company:**	**Relationship:**	**Phone:** ( )
3.	**Full Name:**	**Company:**	**Relationship:**	**Phone:** ( )

**I certify that all statements made on this application are true and complete to the best of my knowledge and that any misrepresentation or omission is sufficient grounds for discharge of the above information for purposes of verification.*

Applicant Signature

Date

For office use only

Notes:					
Date of Interview:	**Position Considered:**	**Hired?** ☐ Yes ☐ No	**Hire Date:**	**Position:**	
Decision:	**Reason for Decision:**	**Date Applicant Notified:**		**Start Date:**	**Wage:**

Employee Signature

Date