



7530 288th AVENUE
SALEM, WISCONSIN 53168
(262) 537-2111 FAX (262) 537-3434

Last Name _____ First Name _____ Middle Initial _____

Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Referred by _____ Date You Can Start _____

Are you 18 years or older? (Circle) YES NO Salary Desired _____
If asked, are you willing to take a drug test? YES NO

School	Name/Location	Years Attended	Did you Graduate?	Subjects
High School				
College				
Trade/Tech School				

Former Employers (List last three employers, starting with most current)

Month and Year	Name and Address of Employer	Supervisor's Name	Position Held
From: To:			
From: To:			
From: To:			

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SKILLS (Check all that apply)

- | | | |
|--|--|--|
| ☐ English | ☐ Wisconsin Drivers License | ☐ String Trimmers |
| ☐ Spanish | # _____ | ☐ Cut-off Saw |
| ☐ Computer Literate | ☐ CDL (Commercial License) | ☐ Block Saw |
| ☐ Microsoft Excel | # _____ | ☐ Chain Saw |
| ☐ Microsoft Word | ☐ Back-pak Power Tools | ☐ Skidsteer (Bobcat) |
| ☐ Other Computer Software | ☐ Power Hand Tools | ☐ Farm Tractor |
| ☐ Multi-line Phones | ☐ Leaf Blower | ☐ Back Hoe |
| ☐ Sales | ☐ Bed Edger | ☐ Pick-up Truck |
| ☐ Cash Register | ☐ Sod Cutter | ☐ Dump Truck |
| ☐ Calculator | ☐ Walk Behind Mower | ☐ Truck with Trailer |
| ☐ Commercial Mowers | ☐ Riding Mower | ☐ Pesticide Certification |

POSITION (Please check the positions that you are interested in.)

<u>Departments</u>	Entry Level Position	Foreman	Supervisor
Greenhouse	☐	☐	☐
Nursery	☐	☐	☐
Landscape	☐	☐	☐
Lawn Maintenance	☐	☐	☐
Mechanic Shop	☐	☐	☐
Delivery Driver	☐	☐	☐
	Entry Level Position	Sales	Yard
Garden Center	☐	☐	☐
	Clerical	Accounting	
Office / Administration	☐	☐	

"I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and if I am employed, my employment may be terminated at any time. In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company's option. I also understand and agree that the company may change the terms and conditions of my employment, with or without cause, and with or without notice at any time. I understand that no company representative, other than its president, and then only when in writing and signed by president, has my authority to enter into any agreement for employment for any specific period of time, or make any agreement contrary to the foregoing."

Date _____

Signature _____