

WYSCAPE, LLC

APPLICATION FOR EMPLOYMENT

PERSONAL DATA

NAME: _____	SOCIAL SECURITY # _____
ADDRESS: _____	TELEPHONE: () _____
CITY, STATE, ZIP CODE: _____	DATE OF BIRTH _____
WHAT POSITION ARE YOU APPLYING FOR? _____	
DO YOU PREFER? (Circle one)	FULL-TIME PART-TIME SUMMER

ARE YOU LEGALLY ABLE TO WORK IN THE U.S?	YES	NO
ARE YOU ABLE TO PERFORM ANY OR ALL JOB FUNCTIONS WITHOUT REASONABLE ACCOMODATION?	YES	NO
ARE YOU OVER THE AGE OF 18?	YES	NO
HAVE YOU EVER BEEN CONVICTED OF A FELONY? IF YES, PLEASE DESCRIBE _____	YES	NO

DO YOU CURRENTLY HAVE A VALID DRIVER'S LICENSE? YES NO

WHAT STATE _____ EXPIRATION DATE OF LICENSE _____

NOTE: IF YOU HAVE AN OUT OF STATE LICENSE AND YOU DRIVE A COMPANY VEHICLE, YOU WILL BE REQUIRED TO GET A VALID FLORIDA DRIVER'S LICENSE WITHIN 30 DAYS OF YOUR START DATE AND MUST PROVIDE A COPY OF YOUR FLORIDA LICENSE FOR YOUR EMPLOYEE RECORD.

IS YOUR DRIVER'S LICENSE IN GOOD STANDING? YES NO

HAVE YOU HAD ANY SPEEDING TICKETS IN THE LAST 5 YEARS? YES NO

HAVE YOU HAD ANY DUI's IN THE LAST 5 YEARS? YES NO

HAVE YOU HAD ANY MOVING VIOLATIONS IN THE LAST 5 YEARS? YES NO

IF YES TO ANY OF THE ABOVE, EXPLAIN

NOTE: YOU MAY BE ASKED TO PROVIDE A COPY OF YOUR DRIVING RECORDS FROM THE DEPARTMENT OF MOTOR VEHICLE FOR THE PAST 5 YEARS AT YOUR OWN EXPENSE.

WYSCAPE, LLC

EDUCATION

DID YOU GRADUATE FROM HIGH SCHOOL? YES NO

COURSES OF STUDY (Please specify related classes) _____

DO YOU PLAN ON (OR HAVE YOU) ATTENDED COLLEGE? YES NO

IF YES, WHAT COLLEGE DID YOU ATTEND? _____

TYPE OF DEGREE RECEIVED: _____

DESCRIBE YOUR CAREER GOALS: _____

INTERESTS AND HOBBIES: _____

HOW DO YOU HOPE TO BENEFIT YOURSELF AS AN EMPLOYEE OF **WYSCAPE, LLC**?

HOW WILL **WYSCAPE, LLC** BENEFIT/PROFIT BY AWARDING YOU A POSITION WITH THE COMPANY?

WYSCAPE, LLC

EMPLOYMENT HISTORY

COMPANY NAME: _____

COMPANY ADDRESS: _____

POSITION HELD: _____

DUTIES: _____

LENGTH OF EMPLOYMENT FROM: _____ TO: _____

BEGINNING SALARY: _____

ENDING SALARY: _____

COMPANY NAME: _____

COMPANY ADDRESS: _____

POSITION HELD: _____

DUTIES: _____

LENGTH OF EMPLOYMENT FROM: _____ TO: _____

BEGINNING SALARY: _____

ENDING SALARY: _____

COMPANY NAME: _____

COMPANY ADDRESS: _____

POSITION HELD: _____

DUTIES: _____

LENGTH OF EMPLOYMENT FROM: _____ TO: _____

BEGINNING SALARY: _____

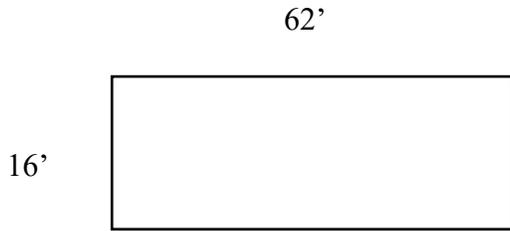
ENDING SALARY: _____

PLEASE LIST THREE REFERENCES:

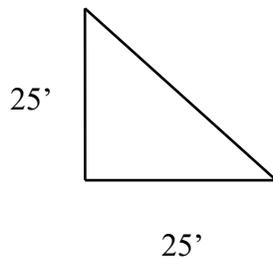
NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____



AREA OF RECTANGLE: _____



AREA OF TRIANGLE: _____

JEFF AND JOHNNY GO TO MRS. JONES HOME TO MOW THE LAWN. THEY ARRIVE AT 8:30 a.m. THEY COMPLETE THE JOB AND DEPART AT 9:45 a.m. WHAT IS THE TOTAL MAN HOURS USED ON THE JONES ACCOUNT? _____

CIRCLE THE PLANTS BELOW THAT WOULD BE CLASSIFIED AS A GROUND COVER:

LIRIOPE MONDO GRASS ENGLISH IVY AJUGA BAHIA GRASS

CIRCLE THE TURF GRASSES IN THE FOLLOWING LIST:

PAMPAS GRASS BERMUDA GRASS ST. AUGUSTINE GRASS CENTIPEDE GRASS

NAME THREE TREES NATIVE TO FLORIDA (Common Names): _____

NAME THREE EVERGREEN SHRUBS THAT HAVE GROWTH HEIGHTS UNDER 6' TALL:

WHAT DOES NITROGEN DO FOR PLANT MATERIALS? _____

WYSCAPE, LLC

ARE YOU UNDER A DOCTOR'S CARE FOR ANY ILLNESS? YES NO
IF YES, EXPLAIN

ILLNESS

WHEN IS TREATMENT TO END

HAVE YOU HAD ANY BACK INJURIES? YES NO

WHEN & WHERE

HAVE YOU EVER BEEN INJURED ON THE JOB? YES NO IF YES, EXPLAIN

INJURY

HOW OCCURED

WHEN OCCURED

HAVE YOU EVER RECEIVED WORKMAN'S COMPENSATION FOR A JOB RELATED INJURY? YES NO
IF YES, EXPLAIN

DOES ANY OF THE ABOVE INJURIES, ILLNESSES, SURGERIES, ETC. LISTED ABOVE KEEP YOU FROM DOING
THE JOB FOR WHICH YOU HAVE APPLIED? YES NO IF YES, EXPLAIN
