



www.moananursery.com

Application for Employment: Landscape Division

An Equal Opportunity Employer M/F/V/H

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or the presence of non-job-related medical condition or handicap.

PLEASE PRINT

Date of Application _____

Position(s) Applied For _____

Referral Source: Ad Internet Walk-in Agency Referral _____ Other _____

Name _____
Last, First

Address _____
Number Street City, State, Zip Code

Telephone _____ Cell Phone _____

Moana Nursery strives to keep its teammates fully employed throughout the year; however, we are a seasonal business and there may be days or weeks when there is no work. We cannot guarantee year round employment.

You must be 18 years old to work in our landscape division. Are you 18 years or older? Yes No

Have you ever filed an application here before? Yes No If yes, give date. _____

Have you ever been employed here before? Yes No If yes, give dates. _____

Are you employed now? Yes No May we contact your present employer? Yes No

Are you prevented from being employed in this country because of Visa or Immigration Status? Yes No
(Proof of citizenship or immigration status I-9 will be required upon employment.)

Are you on layoff or subject to recall? Yes No

Do you have a valid Nevada Driver's License? Yes No

Do you have experience operating large equipment (backhoes, excavators, etc.)? Yes No

Do you have an active OSHA-10 or OSHA-30 certification? Yes No

Do you have any landscape certifications, such as PLANET's LIC (CLT), Arborist and/or Irrigation Contractor?
Yes No If yes please list: _____

Have you been convicted of a felony within the last 7 years? Yes No If yes, please explain (Conviction will not necessarily disqualify an applicant from employment.) _____

Veteran of the U.S. Military service? Yes No If yes, which branch? _____

Last,

First

Date

Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex or national origin.

1

| | | | | |
|---------------------------|------------------|--|--|----------------|
| Employer () | Telephone () | Dates Employed From To | | Work Performed |
| Address | | | | |
| Job Title | | Hourly Rate/Salary Starting Final | | |
| Supervisor Name and Title | | | | |
| Reason for leaving | | | | |

2

| | | | | |
|---------------------------|------------------|--|--|----------------|
| Employer () | Telephone () | Dates Employed From To | | Work Performed |
| Address | | | | |
| Job Title | | Hourly Rate/Salary Starting Final | | |
| Supervisor Name and Title | | | | |
| Reason for leaving | | | | |

3

| | | | | |
|---------------------------|------------------|--|--|----------------|
| Employer () | Telephone () | Dates Employed From To | | Work Performed |
| Address | | | | |
| Job Title | | Hourly Rate/Salary Starting Final | | |
| Supervisor Name and Title | | | | |
| Reason for leaving | | | | |

4

| | | | | |
|---------------------------|------------------|--|--|----------------|
| Employer () | Telephone () | Dates Employed From To | | Work Performed |
| Address | | | | |
| Job Title | | Hourly Rate/Salary Starting Final | | |
| Supervisor Name and Title | | | | |
| Reason for leaving | | | | |

If you need additional space, please continue on a separate sheet of paper.

What are your hourly rate or salary requirements? _____

Provide the name, address and telephone number of two references who are not related to you and are not previous employers. _____

Education

| | Elementary | High School | College/University | Graduate/Professional |
|---|------------|-------------|--------------------|-----------------------|
| School Name(s) | | | | |
| Years Completed: circle | 4 5 6 7 8 | 9 10 11 12 | 1 2 3 4 | 1 2 3 4 |
| Diploma/Degree | | | | |
| What Course(s) Of Study? | | | | |
| What specialized training, apprenticeship, skills and extracurricular activities? | | | | |

Honors or awards received: _____

Special Skills & Qualifications

Summarize specialized skills and/or qualifications acquired from employment or other experience. Please include any additional information you feel may be helpful to us in considering your application.

Indicate languages you speak, read and write and how well. Fluent? Fair?

List hobbies, sports, business or social activities in which you participate. (You may exclude those which indicate race, color, religion, sex or national origin.) _____

Why do you believe you are suited for our company? Why would you choose us? _____

What are your goals? In what way(s) would this position support you to achieve your goals?

Math Calculations

In a landscape company, it is important to be able to work well with numbers in order to both handle payment as well as order the correct materials. To demonstrate your ability in this area, please complete the following:

- A customer bought two items that totaled \$87.58 and gave you a \$100.00 bill. What change would you give the customer? 1. _____
- If you have a rectangular shaped lawn with the length of 25 feet and a width of 50 feet, what is the area (square footage) of the lawn? 2. _____
- A customer wants Decomposed Granite (DG) mulch installed in their backyard. The mulch will be installed at a depth of 4" and the area is 200 SF. One cubic yard of DG covers approximately 80 square feet at 4" depth. How many cubic yards of DG are needed? 3. _____

(Use the space below for your calculations.)

Willingness Checklist

Part of the activities required to maintain and operate a landscape business involve duties or tasks that are often overlooked when describing a specific job. Please indicate your level of willingness to perform these tasks and duties by placing an "X" on the appropriate line.

| Would you be willing to: | NO | MAYBE | YES |
|---|-------|-------|-------|
| 1. Greet & approach all customers with a smile? | _____ | _____ | _____ |
| 2. Ask questions if you are <u>ever</u> unsure? | _____ | _____ | _____ |
| 3. Dig holes and trenches and lift heavy objects (trees)? | _____ | _____ | _____ |
| 4. Operate equipment (backhoes, trenchers, skid steers)? | _____ | _____ | _____ |
| 5. Wash and clean trucks and equipment? | _____ | _____ | _____ |
| 6. Clean up our construction sites and staging areas? | _____ | _____ | _____ |
| 7. Uphold Moana's strict safety policies? | _____ | _____ | _____ |
| 8. Uphold a no smoking policy? | _____ | _____ | _____ |
| 9. Maintain our equipment and vehicles? | _____ | _____ | _____ |
| 10. Work on your feet for long periods of time? | _____ | _____ | _____ |
| 11. Dress in compliance with our dress code? | _____ | _____ | _____ |
| 12. Let your supervisor know when you see a problem? | _____ | _____ | _____ |
| 13. Consistently maintain a positive attitude? | _____ | _____ | _____ |
| 14. Work in the heat and cold for extended periods of time? | _____ | _____ | _____ |
| 15. Work occasional weekends? | _____ | _____ | _____ |
| 16. Participate in snow removal operations? | _____ | _____ | _____ |
| 17. Communicate with customers via the phone? | _____ | _____ | _____ |
| 18. Leave personal issues & negativity at home? | _____ | _____ | _____ |
| 19. Work well with your teammates? | _____ | _____ | _____ |
| 20. Report to work on time when scheduled? | _____ | _____ | _____ |

Date _____ Signature _____

MOANA NURSERY IS A DRUG FREE WORK PLACE
IF YOU ABUSE DRUGS AND ALCOHOL, DON'T APPLY HERE.
DRUG TESTING IS A CONDITION OF CONTINUED EMPLOYMENT.

Applicant's Statement

I certify that answers given herein are true and complete. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not positions are available at that time. I hereby understand and acknowledge that unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Company may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of the Company.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

Date _____ Signature of Applicant _____