



PO Box 2308
Eugene, OR 97402

t 541.345.3751
c 541.501.0310

www.livingconceptslandscape.com
info@livingconceptslandscape.com

LCB: 8486 / CCB: 125587

Application for Employment

Please Type or Print Clearly in English

Today's Date:	How were you referred to Living Concepts?
Date Available for work:	

NAME AND ADDRESS			
NAME (LAST, FIRST, M.I.):			HOME TELEPHONE (include area code):
MAILING ADDRESS:			WORK TELEPHONE (Provide only one including area code):
CITY	STATE	ZIP CODE:	OTHER (include area code): <input type="checkbox"/> PAGER <input type="checkbox"/> CELL PHONE <input type="checkbox"/> MESSAGE
EMAIL ADDRESS:			

What rate of pay are you hoping to earn?	
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GENERAL INFORMATION:	
What position are you applying for?	
What skills qualify you for this position?	
Do you have reliable transportation to and from work? (Yes / No)	Do you have a current/valid driver's license? (Yes / No) State:
Have you had any citations or accidents in the past 3 years? (Yes / No)	
If yes, please explain:	
Are you legally eligible for employment in this country? (Yes / No)	
Have you ever been convicted of a misdemeanor or a felony? (Yes / No)	
If yes, please explain:	



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EDUCATION / TRAINING HISTORY

List colleges, military, trade, business or other schools attended.

Do you have a high school diploma or a GED certificate? (Check one)

YES NO

Name of school:

Date of graduation or certification:

Name and Location Of School, College, or University	Course of Study (List Major)	Did You Graduate? (Yes / No)	Degree or Certificate Received (AA, BA, BS, MA, PhD)

LICENSE / REGISTRATION / CERTIFICATE

List any professional license, registration, certificate, Oregon Commercial Driver's License (CDL), etc.

Description	State	Number	Expiration

SPECIALIZED SKILLS AND KNOWLEDGE

List skills or knowledge that demonstrate your ability to perform the job for which you are applying (such as typing speed, equipment you can operate, foreign languages, etc.). Attach additional pages as needed.



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WORK HISTORY			
JOB NUMBER 1 (current or most recent position)			
Name Of Employer		Employer's Address And Phone Number	
Kind Of Business		Supervisor's Name And Phone Number	
Your Job Title	From (Month - Year)	To (Month - Year)	Hours Worked Per Week (Average)
DUTIES (List all duties you performed:			
Reason for leaving this position:			
JOB NUMBER 2			
Name Of Employer		Employer's Address And Phone Number	
Kind Of Business		Supervisor's Name And Phone Number	
Your Job Title	From (Month - Year)	To (Month - Year)	Hours Worked Per Week (Average)
DUTIES (List all duties you performed:			
Reason for leaving this position:			



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WORK HISTORY, continued			
JOB NUMBER 3			
Name Of Employer	Employer's Address And Phone Number		
Kind Of Business	Supervisor's Name And Phone Number		
Your Job Title	From (Month - Year)	To (Month - Year)	Hours Worked Per Week (Average)
DUTIES (List all duties you performed:			
Reason for leaving this position:			
JOB NUMBER 4			
Name Of Employer	Employer's Address And Phone Number		
Kind Of Business	Supervisor's Name And Phone Number		
Your Job Title	From (Month - Year)	To (Month - Year)	Hours Worked Per Week (Average)
DUTIES (List all duties you performed:			
Reason for leaving this position:			



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CERTIFICATION AND SIGNATURE

Living Concepts Landscape Services, Inc. is an equal opportunity employer and does not discriminate on the basis of sex, age, race and color, marital status, national origin, disability or veteran status.

I hereby authorize Living Concepts Landscape Services, Inc. to contact any sources to verify and obtain information in assessing my qualifications including, but not limited to, past and present employment, law enforcement agencies and references, unless otherwise specified. I hereby release, from liability, Living Concepts Landscape Services, Inc., and its representatives, to seek such information, and all other persons, corporations, or organizations to furnishing such information.

I certify there are no misconceptions of falsifications on this application and am aware any misstatements may cause rejection of my application, disqualification from competing for, or discharge from, any employment with Living Concepts Landscape Services, Inc.

I understand that this is not a contract of employment, and any oral or written statements of promises to the contrary are expressly disallowed and should not be relied upon by any prospective or existing employee. All employment with Living Concepts Landscape Services, Inc. is at will and thus I understand that all employment agreements are voluntary and may be terminated by either party at any time, with or without cause.

I understand that not all applicants will be interviewed.

PRINT NAME:

DATE:

SIGNATURE (Must signed IN INK):