



Oasis Landscape Services, Inc.  
 6812 NW 18th Drive  
 Gainesville, Florida 32653  
[www.oasislandscapeservices.com](http://www.oasislandscapeservices.com)  
 352.373.9530

**Personal Information**

Name \_\_\_\_\_ Date \_\_\_\_\_  
 Current Address \_\_\_\_\_  
 Phone Number (\_\_\_\_) \_\_\_\_\_ Are you 18 of age or older? \_\_\_\_\_  
 Are you prevented from lawful employment in the U.S because of Visa or immigration status? \_\_\_\_\_  
 Email Address \_\_\_\_\_ Referred by \_\_\_\_\_

**Employment Information**

Position Desired \_\_\_\_\_ Date you can start \_\_\_\_\_  
 Have you ever been employed here before? \_\_\_\_\_ If yes, dates of employment \_\_\_\_\_  
 Wage desired \$ \_\_\_\_\_ Are you available for full or part time hours? \_\_\_\_\_  
 Summer only? \_\_\_\_\_ Are you currently attending school? \_\_\_\_\_ Are you employed? \_\_\_\_\_

**Special Consideration for General Landscape (Answers will not disqualify you from consideration)**

- Are you able to bend to lift from the ground?  Yes  No
- Are you able to work outdoors in all seasons?  Yes  No
- Are you able to drive a manual transmission vehicle?  Yes  No
- Are you able to provide a valid Driver's License? **(If so, please provide a copy)**  Yes  No
- Are you able to handwork with a hoe, rake, or other tool?  Yes  No
- Are you able to handle gasoline, diesel fuel, insecticides, etc.?  Yes  No
- Are you able to extend your hours to complete a job?  Yes  No
- Are you able to spend many hours on your feet?  Yes  No
- Are you able to lift heavy loads up to 80 pounds?  Yes  No
- Do you have pre-existing knowledge of plants, gardening and/or landscaping?  Yes  No

\*If you answered yes to the last question, please describe here: \_\_\_\_\_  
 \_\_\_\_\_

**Education (Starting with High School)**

School (Name & Address)	Course of Study	Years Completed	Degree/Cert./Diploma

**Specialty Information**

Any specialized training or licenses? (Advanced MOT, CDL, Pesticide Applicator, etc.) Please list any and all that may apply. Please include your license number and expiration date, if applicable.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



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**Work Experience**

List additional work experience on separate piece of paper, if necessary.  
*(Drivers will need to provide at least the previous three years of employment history. CDL drivers will need to provide ten years of employment with additional information listed on last page of this application.)*

Name of Organization:	Position:	
Phone Number:	Supervisor:	May we contact?
Address:		
Dates employed:	<input type="checkbox"/> Full time	<input type="checkbox"/> Part time
Duties:	Starting Wage:	Ending wage:
Reason for leaving:		

Name of Organization:	Position:	
Phone Number:	Supervisor:	May we contact?
Address:		
Dates employed:	<input type="checkbox"/> Full time	<input type="checkbox"/> Part time
Duties:	Starting Wage:	Ending wage:
Reason for leaving:		

Name of Organization:	Position:	
Phone Number:	Supervisor:	May we contact?
Address:		
Dates employed:	<input type="checkbox"/> Full time	<input type="checkbox"/> Part time
Duties:	Starting Wage:	Ending wage:
Reason for leaving:		

**Professional References** (Professional References only, *do not list family members or friends*)

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Years known \_\_\_\_\_  
 Occupation \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Best time to Contact \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Years known \_\_\_\_\_  
 Occupation \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Best time to Contact \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Years known \_\_\_\_\_  
 Occupation \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Best time to Contact \_\_\_\_\_

**Emergency Contact Information**

In case of an emergency please notify \_\_\_\_\_  
 Phone (\_\_\_\_) \_\_\_\_\_ Relationship to you \_\_\_\_\_



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**Applicant Statement**

- \*I certify that all the information I have provided in order to apply for and secure work with Oasis Landscape Services, Inc. is true, complete and correct.
- \*I expressly authorize, without reservation, Oasis Landscape Services, Inc., its representatives, employees or agents to contact and obtain information from all references, employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume, or job interview.
- \*I hereby waive any and all rights and claims I may have regarding Oasis Landscape Services, Inc., its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.
- \*I understand that Oasis Landscape Services, Inc. does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.
- \*I understand that this application remains current for 90 days. At the conclusion of that time, if I have not heard from Oasis Landscape Services, Inc. and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.
- \*If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and Oasis Landscape Services, Inc. reserves the same rights to terminate my employment at any time, with or without cause and prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specific period or denied duration. I understand that no supervisor or representative of Oasis Landscape Services, Inc. is authorized to make any assurance to the contrary and that no implied, oral or written agreements contrary to the foregoing expressed language are valid unless they are in writing and signed by the employer's president.
- \*I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.
- \*I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect will be sufficient cause (i) cancel further consideration of this application, or (ii) immediately discharge me from Oasis Landscape Services, Inc.'s service whenever it is discovered.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT**

I, \_\_\_\_\_, certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement:

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_



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**Medical Questionnaire**

**Do you now have or have you ever had any of the following?:**

- | Yes                      | No                       |                                                                                                                                                                            |
|--------------------------|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Epilepsy (convulsions, seizures)                                                                                                                                           |
| <input type="checkbox"/> | <input type="checkbox"/> | Surgical or spontaneous fusion of a major weight-bearing joint (frozen joint)                                                                                              |
| <input type="checkbox"/> | <input type="checkbox"/> | Diabetes (medication? Yes ___ No ___)                                                                                                                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | Hyperinsulinism                                                                                                                                                            |
| <input type="checkbox"/> | <input type="checkbox"/> | Meniscectomy (inflammation of cartilage of certain joints-e.g. knee)                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | Muscular dystrophy                                                                                                                                                         |
| <input type="checkbox"/> | <input type="checkbox"/> | Cardiac (Heart) disease                                                                                                                                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | Thrombophlebitis                                                                                                                                                           |
| <input type="checkbox"/> | <input type="checkbox"/> | Amputation of foot, leg, arm or hand                                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | Herniated intervertebral disk                                                                                                                                              |
| <input type="checkbox"/> | <input type="checkbox"/> | Total loss of sight of one or both eyes or a partial loss of corrected vision or more than 75% bilaterally                                                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Polio (poliomyelitis)                                                                                                                                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | Total deafness                                                                                                                                                             |
| <input type="checkbox"/> | <input type="checkbox"/> | Cerebral palsy                                                                                                                                                             |
| <input type="checkbox"/> | <input type="checkbox"/> | One or more back or neck injuries or a disease process of the back or neck, substantiated by a doctor's opinion and resulting in disability over a total of 120 more days. |
| <input type="checkbox"/> | <input type="checkbox"/> | Multiple sclerosis                                                                                                                                                         |
| <input type="checkbox"/> | <input type="checkbox"/> | Obesity (30% overweight)                                                                                                                                                   |
| <input type="checkbox"/> | <input type="checkbox"/> | Parkinson's disease                                                                                                                                                        |
| <input type="checkbox"/> | <input type="checkbox"/> | Hemophilia                                                                                                                                                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Patellectomy (surgically removed Kneecap). Other _____                                                                                                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | Ruptured cruciate ligament (Knee ligament)                                                                                                                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Chronic osteomyelitis (injection in bone)                                                                                                                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you previously received workers' compensation for an on-the-job injury? If yes, please write why, when and where. _____                                               |
| <input type="checkbox"/> | <input type="checkbox"/> | _____                                                                                                                                                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever received a disability ration or had one assigned to you by an insurance company or state/Federal agency?                                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever injured or sprained your back? If yes, did you have surgery? List details. _____                                                                             |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever injured or sprained your neck? If yes, did you have surgery? List details. _____                                                                             |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever injured or sprained your knee? If yes, did you have surgery? List details. _____                                                                             |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had any other type of surgery not mentioned above? If yes, List details. _____                                                                               |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have arthritis? If yes, what parts of the body are affected? _____                                                                                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you allergic to bee stings, poison ivy or poison oak? If yes, please explain reaction. _____                                                                           |
| <input type="checkbox"/> | <input type="checkbox"/> | *Do you have any other health concerns that you feel we should know about? If yes, please explain. _____                                                                   |

The information on this form shall not be used to discriminate against a qualified individual with a disability because of the existence of the disability in regard to the following: Job applications procedures; hiring, advancement or discharge of the employee; employee compensation; job training; and other terms, conditions and privileges of employment.

Under penalty of perjury, I declare that I have read the foregoing and that the facts alleged are true to the best of my knowledge and belief.

Employee's Signature \_\_\_\_\_

Date \_\_\_\_\_

**'WE ARE AN AT-WILL, EQUAL OPPORTUNITY EMPLOYER'**  
 Applicant's Initials \_\_\_\_\_ Employer's Initials \_\_\_\_\_



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Criminal History

Please note that a "Yes" answer to any of the following questions will not necessarily disqualify you from employment. Factors such as the age and time of the offense, seriousness and nature of the violation, and rehabilitation will be considered when making any employment decisions.

Have you ever been CONVICTED of, plead NOLO CONTENDERE or no contest, or had ADJUDICATION OF GUILT WITHHELD for a crime, excluding minor traffic violations? Do not include convictions that were sealed or expunged pursuant to a court order.

Yes No Please explain any "Yes" answer. Use additional paper if necessary
[Blank lines for response]

Have you ever been a defendant in a civil court action for an intentional tort? (i.e., a civil wrong; assault, battery, fraud, embezzlement, etc.)

Yes No Please explain any "Yes" answer. Use additional paper if necessary
[Blank lines for response]

Are you currently awaiting trial for any criminal offense?

Yes No Please explain any "Yes" answer. Use additional paper if necessary
[Blank lines for response]

Have you ever initiated an act of violence in the workplace?

Yes No Please explain any "Yes" answer. Use additional paper if necessary
[Blank lines for response]



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**Consent to Obtain Current Driver License Status and Driver History and Agreement to Provide Other Necessary Information**

*The next two pages only apply to applicants that have a valid license and are willing to drive a commercial vehicle for Oasis Landscape Services, Inc.*

Our commercial fleet is regulated by the USDOT. In order to maintain compliance with that authority, our commercial drivers must adhere to certain standards and Oasis Landscape Services, Inc. must maintain driver records in accord with those standards. As a potential driver for Oasis Landscape Services, Inc., you must consent to authorize us to obtain the following information and/or agree to provide information as follows:

1. Annual driver's license check and driving history report;
2. a request to previous employers to obtain driving history for last three years (ten years for CDL drivers);
3. successfully passing a road test or an equivalent to a road test;
4. an annual DOT physical (DOT Medical card), if applicable

This information will be used to determine eligibility to drive vehicles for Oasis Landscape Services, Inc. required for the position.

**By signing below, I hereby give my consent to obtain the information listed above and I agree to provide take a road test or its equivalent as well as a current DOT medical card, as applicable. I understand that if my driver's license status, driving history, ability to pass a company-conducted road test and/or physical health does not meet current company standards for driving a commercial vehicle, my position may be terminated.**

I also confirm that I understand the insurance I provide (if applicable to my position) on my personal vehicle is primary in the event of an "at fault" or "not at fault" accident (if accident was while driving personal vehicle on company time). I further confirm that I understand that any physical damage coverage (collision, fire, theft, vandalism, etc.) to my vehicle is not provided by my employer and is my responsibility to pay for any such damages to vehicle.

Driver's License Number and State: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date License was issued: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Please provide a copy of your current driver's license with this application.**



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**Commercial Driver Experience**

**Please answer each question below to the best of your knowledge. If a question doesn't apply to you, please write "Not Applicable or N/A".**

Please describe the nature and extent of your experience operating motor vehicles.

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List all motor vehicle accidents you were involved in during the last three years.

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List all violations of motor vehicle laws and ordinances for which you were convicted or forfeited bond or collateral during the last three years.

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Please describe below the facts and circumstances of any denial, revocation, or suspension of any license, permit or privilege to operate a motor vehicle issued to you.

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If you will operate a commercial vehicle for Oasis Landscape Services, Inc. that requires a CDL, we must have a list of all your employers for the past ten years. Please provide the list on a separate sheet of paper. Note that if you've already provided this information in this application, you do not need to repeat the same information, just ensure that all the information listed below is listed. The list must include the following information:

1. Name and address of employer
2. Dates of employment
3. Reason(s) for leaving
4. Whether you were subject to FMCSRs (Federal Motor Carrier Safety Regulations) for the employer\*
5. Whether you were subject to DOT drug or alcohol testing for the employer\*

\*If answer to this question is "yes", these employers may need to be contacted to obtain your safety performance history.

**By signing below, I certify that the information supplied above is true and accurate.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_