**Application for**

**American Landscape Institute**

**Horticulture/ Landscape Training Program**

Name: First \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## **Your Contact Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Street Address | City | State | Zip Code |
|  |  |  |  |
|  Home Phone Number | Cell Number  | Email |
|  |  |  |

Which is the best way to contact you? Please circle one. (PHONE or EMAIL)

## **Education**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | School Name | Years Completed | Diploma/Degree (Yes/No) | Course of Study/Major | Specialized Training, Skills, or Extra-Curricular Activities |
| High School |  |  |  |  |  |
| College/Trade School |  |  |  |  |  |
| Additional Education |  |  |  |  |  |

|  |  |
| --- | --- |
| What branch of Military have you served in? |  |
| How many years did you serve? |  |
| Did have you an area of specialization? |  |
| When were you discharged? |  |

## **Military experience**

|  |  |
| --- | --- |
| Name of Employer: |  |
| Job Title: |  |
| Phone Number: |  |
| Supervisor Name:Phone Number: |  |
| Do we have permission to contact your supervisor as a reference? | YES \_\_\_\_\_\_\_\_ NO\_\_\_\_\_\_\_\_(if NO, please explain below) |
| Workplace Address: |  |
| Employment Dates: |  |
| Pay or Salary: |  |
| Reason for Leaving: |  |

## **Previous Work Experience**

|  |  |
| --- | --- |
| Name of Employer: |  |
| Job Title: |  |
| Phone Number: |  |
| Supervisor Name:Phone Number: |  |
| Do we have permission to contact your supervisor as a reference? | YES \_\_\_\_\_\_\_\_ NO\_\_\_\_\_(If NO, please explain below) |
| Workplace Address: |  |
| Employment Dates: |  |
| Pay or Salary: |  |
| Reason for Leaving: |  |

All applicants upon admission to the program will be required to complete an Employment Eligibility Verification Form (Form I-9) as required by Tile 8, U.S. Code Section 1324A for their employer.  The employee will be required to present appropriate documents to their employer for verification of legal right to work in the United States.  Ask them to check one of these two boxes:

* \_\_\_\_ A citizen of the United States of America
* \_\_\_\_ I have a registration card or US work permit

## **Transportation**

Almost all companies will require that you have a driver’s license and a clean driving record.

Do you have a Driver’s License? \_\_\_\_\_YES \_\_\_\_\_\_NO

Driver’s License #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State Issued: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have your own transportation? (If No, please explain)

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

How did you learn about this program? Please check one below.

\_\_\_\_\_\_ ALI Website \_\_\_ Work Place Referral

\_\_\_\_\_\_ Career Fair \_\_\_\_School

\_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## **Industry Related Skills**

Do you have any past experience in Landscaping? \_\_\_\_YES (Ex. Farming, gardening, landscaping, garden center, classes, etc.) If YES, list skills/experience in the category below, level of skill and your months/years of experience.

|  |  |  |
| --- | --- | --- |
| Equipment/ Skill | Level: Good or Fair | Months/ Years of Experience |
|  |  |  |
|  |  |  |
|  |  |  |

Can you routinely lift 50lbs-70lbs? \* \_\_\_\_\_YES\_\_\_\_\_NO

\**some companies may require a physical before confirmation of employment*

Have you studied/learned Spanish? \_\_\_NO \_\_\_\_YES \_\_\_\_\_\_\_\_ # years studied

Skill Level: \_\_\_\_\_\_Fluent \_\_\_\_\_Good \_\_\_\_\_Fair

When can you start working? \_\_\_\_\_\_in June, after graduation

 \_\_\_\_\_\_\_immediately, after school and on Saturdays \_\_\_\_\_\_ on Saturdays until graduation

\_\_\_\_\_\_\_\_immediately, full time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other

Describe any other skills you have which you feel may be relevant.

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

What do you hope to gain from this program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Please Initial the following:

1. I certify that all information furnished on this form is true, complete and correct to the best of my knowledge

Initials: \_\_\_\_\_\_\_\_\_\_

1. I authorize past and present employers, educational institutions and reference to verify information on the application and release them to provide additional information relating to my past employment, education, and performance as requested by ALI or its agents

Initials: \_\_\_\_\_\_\_\_\_\_

1. I authorize ALI or its agents to verify any such information and understand that falsification or omission of information on the application is grounds for disqualification from the program

Initials: \_\_\_\_\_\_\_\_\_\_

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

**Scan and email this completed application, along with a cover letter, your resume and a copy of your most recent school transcripts to:** info@americanlandscapeinstitute.com

*Note: Applications will not be accepted without a cover letter, your resume and a copy of your most recent school transcripts. Your resume should include the name and contact information of at least 2 personal references.*

**Questions?** Email info@americanlandscapeinstitute.com

ALI does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations.

 *Thank you for your interest in the American Landscape Institute!*