



Application for Employment

LIVINGSTONE LANDSCAPING HUMAN RESOURCES DEPARTMENT

► Quality, Creativity, Technical Expertise

PERSONAL (Print Clearly)

Last Name		Middle Name		First Name	
Address	No.	Street	City	Province	Postal Code
Home Phone		Other Phone/Fax		Email Address	
Position Applied For			Date of Application		Date when Available for Work
Do you have a smart phone: Yes or No			Where did you find out about this advertised position?		
Are you able to supply your own CSA approved steel-toed or composite boots or shoes? Yes or No					
Are you legally entitled to work in Canada? Yes or No			Are you available to work any shift? Yes or No		
Are you legally old enough to work in this Province? Yes or No			Are you available to travel? Yes or No		
Are you fully aware of the physical requirements to perform the job applied for? Yes No Unknown					
Do you have sufficient physical ability to perform the job applied for, including comfortably lifting weight as required? Yes No Unknown					
Specify any conditions that may limit your ability to perform this job:					
Would you be willing to submit an alcohol and/or drug test for pre-employment, post incident, probable cause, or return to work screening: Yes No Unknown					
Have you previously worked for LIVINGSTONE LANDSCAPING?			Yes No		
Do you currently have relatives working for LIVINGSTONE? Yes No			If yes who/where?		

EMPLOYMENT HISTORY (List most recent first, for previous employment related to this application)

May LIVINGSTONE contact any of your previous employers to verify the information on this application? Yes No	
Name of Employer:	Address:
Last Position Held:	Phone:
Name of Supervisor:	Reason for Leaving:
Period Employed:	Final Pay Rate:
Duties:	
Name of Employer:	Address:
Last Position Held:	Phone:
Name of Supervisor:	Reason for Leaving:
Period Employed:	Final Pay Rate:
Duties:	
Name of Employer:	Address:
Last Position Held:	Phone:
Name of Supervisor:	Reason for Leaving:
Period Employed:	Final Pay Rate:
Duties:	

Application for Employment



EDUCATION and TRAINING (List in chronological order)

Name of High School	Highest Grade Completed:	Date Completed
Name of Course/Training	Name of License/Certificate/Diploma/Degree:	Date Completed
Name of Course/Training	Name of License/Certificate/Diploma/Degree:	Date Completed
Name of Course/Training	Name of License/Certificate/Diploma/Degree:	Date Completed
List any additional Job Skills that relate to this Application:		

ALL APPLICANTS MUST FILL OUT

(Complete if you expect to be driving a Company vehicle in the position applied for)

Do you have a valid driver's license for this Province? Yes <input type="checkbox"/> No <input type="checkbox"/>	
What is the Class of your Provincial Driver's License? (circle) 5 4 3 2 1 Other: _____	
Place of Issue:	Date of Issue:
Will you provide a recent abstract of your driving record if offered employment? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Will you authorize periodic requests for a driver abstract by LIVINGSTONE, from Provincial authorities? Yes <input type="checkbox"/> No <input type="checkbox"/>	

DRIVING/EQUIPMENT OPERATING EXPERIENCE

Type of Truck/Vehicle/Equipment	Number of Years Driving/Operating this Type	Class of License/Ticket Required
Provide any other information relevant to your driving/equipment operating experience:		

* * * NOTICE to APPLICANTS * * *

Any job offer made for employment at LIVINGSTONE, may be contingent upon a satisfactory job-related medical examination, and/or drug test, to determine capability to safely perform the requirements of the job.

APPLICANT (Please check your application to see that you have fully answered every question)

Have you attached a RESUME or additional sheets to this application? Yes <input type="checkbox"/> No <input type="checkbox"/>
I hereby declare that the foregoing information is true and complete to my knowledge. I understand that a false statement may disqualify me from employment, or cause my dismissal.
Signature: _____ Date: _____