WEAVER HYDROSEEDING

& LAWN CARE, LLC

Good lawns. Strong roots. The Weaver way.

https://www.weaverhydro.com Weaverhydro@gmail.com

EMPLOYMENT APPLICATION

Complete all applicable fields. Use N/A where a question does not apply.

01 APPLICANT INFORMATION

Full legal name

Phone number

Email address

Preferred contact: phone / text / email

Street / mailing address

City

State

ZIP code

02 AVAILABILITY

Employment type (check all that apply)

☐ Full-time ☐ Part-time ☐ Seasonal ☐ Temporary

Desired hourly pay ($)

Earliest start date

Days available

☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐ Sat ☐ Sun

Available for early mornings, weekends, or extended workdays?

☐ Yes ☐ No

Willing to travel to job sites throughout Middle Georgia?

☐ Yes ☐ No

03 EDUCATION & TRAINING

Highest education completed

☐ High school / GED ☐ Technical / trade ☐ College ☐ Other

Relevant certifications, schooling, training, or military training

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EXPERIENCE & REFERENCES

Complete all applicable fields. Use N/A where a question does not apply.

04 SKILLS & EQUIPMENT EXPERIENCE

Check all that apply

☐ Hydroseeding ☐ Lawn maintenance ☐ Landscaping / grading

Additional experience

☐ Erosion control ☐ Tractor ☐ Skid steer ☐ Excavator

Additional experience

☐ Trailer towing ☐ Pressure washing ☐ Equipment repair

Team skills

☐ Crew leadership ☐ Willing to learn

05 MOST RECENT OR CURRENT EMPLOYER

Company / employer name

Job title

Employer street / physical address

City

State

ZIP code

Employment start date

End date (or Present)

Supervisor name / title

Supervisor phone / email

Main duties and responsibilities

Reason for leaving (if applicable)

May we contact this employer?

☐ Yes ☐ No ☐ N/A

06 PROFESSIONAL REFERENCES

Reference 1 - name **Phone / email** **Relationship**

Reference 2 - name **Phone / email** **Relationship**

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IDENTIFICATION & CERTIFICATION

Complete all applicable fields. Use N/A where a question does not apply.

07 DRIVER'S LICENSE OR GOVERNMENT-ISSUED ID (REQUIRED)

Every applicant must complete this section, regardless of the position. Enter your full license or ID number.

ID type (select one)

☐ Driver's license ☐ State ID ☐ Other government-issued ID

Issuing state or agency **Full license or ID number** **Expiration date (if shown)**

DRIVER'S LICENSE DETAILS | ALL APPLICANTS

Do you hold a valid driver's license?

☐ Yes ☐ No

License class (if you hold a license)

☐ Class C ☐ CDL A ☐ CDL B ☐ Other

Other license class (if applicable)

08 ADDITIONAL INFORMATION

Why are you interested in working here, and what strengths would you bring?

09 REQUIREMENTS & APPLICANT CERTIFICATION

Can you perform essential duties, with or without reasonable accommodation?

☐ Yes ☐ No

Will you follow required equipment and safety procedures?

☐ Yes ☐ No

Outdoor work may involve changing weather, uneven ground, equipment, and physical activity. Reasonable accommodations are considered under applicable law. Do not provide medical details.

I certify that the information provided is accurate. I authorize lawful verification of employment and references. False information may affect hiring or employment. This application does not guarantee a position. Employment is at will, except as otherwise required by law or written agreement.

Applicant signature **Date**