

# UNITED LANDSCAPING, INC.

## APPLICATION FOR EMPLOYMENT

United Landscaping, Inc. considers applicants for all positions on the basis of qualifications and without regard to race, color, religion, age, sex, national origin, veteran status, marital status, ancestry, physical or mental disability, citizenship status or any other status that is protected by federal, state or local laws.

### PERSONAL

<u>Last Name:</u>	<u>First Name:</u>	<u>Middle Name:</u>	<u>Date:</u>
<u>Address:</u>	<u>City:</u>	<u>State:</u>	<u>Zip Code:</u>
Have you ever applied for employment with United Landscaping?    Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when:			<u>Home Telephone:</u> (   )
<u>Desired Position:</u>	<u>Expected Pay:</u>	<u>Mobile Telephone:</u> (   )	
Are you legally eligible to work in the United States:    Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Proof of citizenship or immigration status will be required upon employment.</i>			Are you over the age of 18? Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have a valid driver's license?    Yes <input type="checkbox"/> No <input type="checkbox"/> State Issued: _____ Driver's License #: _____ <b>Need to have good driving record with no DUI's</b>			
<u>Availability:</u> <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Overnights ( <i>required for snowplow driver positions only</i> )			
<u>Hours Available:</u> Monday: _____ Tuesday: _____ Wednesday: _____ Thursday: _____ Friday: _____ Saturday: _____ Sunday: _____			

### EDUCATION

School	Name & Location of school	Course of Study	Number of Years Completed	Did you graduate?	Degree or Diploma
Trade School					
College					
High School/GED					

**List any special training or skills relevant to the position you are applying for:**

## EMPLOYMENT HISTORY

(Beginning with most recent employer)

<b><u>Company Name &amp; Address:</u></b>	<b><u>Telephone:</u></b> (    )
<b><u>Name and Job Title of Supervisor:</u></b>	Employed (Month/Year) From:                      To:
<b><u>Job Title and Description of Work:</u></b>	<b><u>Rate of Pay:</u></b> <input type="checkbox"/> Hourly <input type="checkbox"/> Salary Start:                      End:
<b><u>May we contact this employer:</u></b> <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, please provide reason)	<b><u>Reason for Leaving:</u></b>

  

<b><u>Company Name &amp; Address:</u></b>	<b><u>Telephone:</u></b> (    )
<b><u>Name and Job Title of Supervisor:</u></b>	Employed (Month/Year) From:                      To:
<b><u>Job Title and Description of Work:</u></b>	<b><u>Rate of Pay:</u></b> <input type="checkbox"/> Hourly <input type="checkbox"/> Salary Start:                      End:
<b><u>May we contact this employer:</u></b> <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, please provide reason)	<b><u>Reason for Leaving:</u></b>

  

<b><u>Company Name &amp; Address:</u></b>	<b><u>Telephone:</u></b> (    )
<b><u>Name and Job Title of Supervisor:</u></b>	Employed (Month/Year) From:                      To:
<b><u>Job Title and Description of Work:</u></b>	<b><u>Rate of Pay:</u></b> <input type="checkbox"/> Hourly <input type="checkbox"/> Salary Start:                      End:
<b><u>May we contact this employer:</u></b> <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, please provide reason)	<b><u>Reason for Leaving:</u></b>

## PROFESSIONAL REFERENCES

Name	Job Title	Company	Telephone

## CRIMINAL BACKGROUND INFORMATION

Have you ever been convicted of a crime other than a minor traffic violation?  Yes  No (If yes please explain below)

Note: You are not obligated to disclose sealed or expunged records of conviction or arrest

### **Drug Testing:**

United Landscaping, Inc. is firmly committed to maintaining a drug-free work place. We require all applicants accepted for employment to pass a drug test as part of our application process. All offers of employment are contingent upon satisfactory results of a drug-screening test. If you are hired by United Landscaping, Inc., you may be required, from time to time, to submit to a drug test in order to maintain a drug-free workplace. Cooperation in submitting to such tests is a condition of employment, and failure to cooperate will be grounds for immediate termination. I have read and understand these requirements. I accept the conditions for consideration of employment and, if employed, as a condition of continued employment. I consent to the requirements of the drug screen test.

**Please initial the box below to accept these terms and conditions of our drug testing policy.**

I agree to abide by the drug screening policy listed above

## NOTIFICATION AND AGREEMENT

In consideration for my employment, I agree to conform to the policies and procedures of United Landscaping, Inc. I understand that my employment will be for an indefinite period and that I am subject to termination at any time, for any reason, with or without cause or notice. I also understand that as an employee I may terminate my employment at any time for any reason. I do hereby request and authorize United Landscaping, Inc. to review all information listed in this application to determine my potential employment with the company. I certify that the facts contained in this application are true and complete to the best of my knowledge and I understand that if employed, false statements shall be grounds for dismissal. By printing and signing your name below you are verifying that you agree with all policies and procedures listed above.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date