

DATE

EMPLOYMENT APPLICATION FORM

FIRST NAME **MIDDLE NAME** **LAST NAME**

PRESENT ADDRESS

NUMBER STREET CITY STATE ZIP

DATE OF BIRTH (IF UNDER 18) **SOCIAL SECURITY NO.** - - **DO YOU SMOKE?** Yes No

TELEPHONE **ALT. PHONE** **DAYS/HOURS AVAILABLE TO WORK**

POSITION APPLYING FOR **DESIRED SALARY** **AVAILABLE START DATE**

ARE YOU A CITIZEN OF THE UNITED STATES? Yes No
If no, are you authorized to work in the U.S.? Yes No

EMPLOYMENT DESIRED Full-time Only Part-time Only Full- or Part-time

No Preference
 Mon _____
 Tue _____
 Wed _____
 Thur _____
 Fri _____
 Sat _____
 Sun _____

EDUCATION

HIGH SCHOOL **COLLEGE / UNIVERSITY** **BUSINESS / TRADE SCHOOL**

DID YOU GRADUATE? Yes No DID YOU GRADUATE? Yes No DID YOU GRADUATE? Yes No

OTHER (SPECIFY):

CRIMINAL RECORD

HAVE YOU EVER BEEN CONVICTED OF A CRIME? Yes No

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

DRIVING RECORD

DO YOU HAVE A VALID DRIVER'S LICENSE? Yes No **DRIVER'S LICENSE NUMBER**

ARE YOU PROFICIENT AT PULLING A TRAILER? Yes No Somewhat

ANY ACCIDENTS IN THE PAST 3 YEARS? Yes No How Many? **EXPIRATION DATE** **STATE OF ISSUE**

ANY MOVING VIOLATIONS IN PAST 3 YEARS? Yes No How Many?

WHAT IS YOUR MEANS OF TRANSPORTATION TO WORK? Operator Commercial (CDL)

WORK EXPERIENCE

Please list your work experience for the past **FIVE YEARS** beginning with your most recent job held. If you were self-employed, give firm name. **ATTACH ADDITIONAL SHEETS IF NECESSARY.**

NAME OF EMPLOYER

YOUR LAST JOB TITLE

NAME OF LAST SUPERVISOR

ADDRESS (CITY, STATE, ZIP CODE)

PHONE NUMBER

EMPLOYMENT DATES

TO

PAY OR SALARY

FINAL

REASON FOR LEAVING (BE SPECIFIC)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

NAME OF EMPLOYER

YOUR LAST JOB TITLE

NAME OF LAST SUPERVISOR

ADDRESS (CITY, STATE, ZIP CODE)

PHONE NUMBER

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TO

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FINAL

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List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

REFERENCES

MAY WE CONTACT YOUR PRESENT EMPLOYER? Yes No

FULL NAME OF EMPLOYER	COMPANY	POSITION	RELATIONSHIP	PHONE NUMBER

LANDSCAPE EXPERIENCE

Describe landscaping experience (i.e. lawn installations, irrigation, maintenance, pruning, planting, retaining walls, etc.)

Describe equipment you are familiar with.

APPLICATION FORM WAIVER PLEASE READ CAREFULLY

In exchange for the consideration of my job application by Hunt's Landscaping (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Hunt's Landscaping or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the owner of the Company. Both the undersigned and Hunt's Landscaping may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for possible pre-employment testing as well as random and/or periodic testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I further understand that my employment with the Company shall be probationary for a period of thirty (30) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

SIGNATURE OF APPLICANT _____ **DATE:** _____

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.