

EMPLOYMENT APPLICATION

C. M. Landscaping, LLC

Employer is an equal opportunity employer and does not discriminate against otherwise qualified individuals on the basis of age, sex, race, religion, color, national origin, disability, marital status, height and weight, or any other legally protected status.

Please complete the entire application and sign the Authorization and Understanding at the end of the application. This application will not be considered otherwise. If there is not enough space on this form to supply all the information to answer a question or supply complete information, please attach additional pages.

(Please Print)

Date: _____ Social Security Number: _____

Name: _____ Date of Birth: _____

Present Address, City, State, Zip: _____

Telephone Number: (_____) _____ Sex: _____

Please state any other names you have used in school or at any previous job: _____

Are you legally authorized to work in the United States? Yes _____ No _____

Position applied for: _____ Full Time _____ Part Time _____

If part time, please specify days and hours: _____

Starting salary expected: _____

How were you referred to the company? _____

Have you ever applied here before, or been employed here before? Yes _____ No _____

If yes, please specify: _____

Are you 18 years or older? Yes _____ No _____ If no, do you have proof of eligibility to work? Yes _____ No _____

Have you ever been bonded? Yes _____ No _____ If yes, on what jobs? _____

Have you ever been convicted of a crime, excluding routine traffic offenses? Yes _____ No _____

If yes, describe in detail: _____

Are there any felony charges pending against you currently? Yes _____ No _____

If yes, please describe: _____

In case of emergency, please contact: _____ Relationship: _____

Phone: (_____) _____ Address: _____

EDUCATION

Name & Address	Dates Attended	Did You Graduate?	Course Of Study
High School			
College			
Other			

Are you attending school now or do you plan on furthering your education? Yes No

If yes, please specify course and time commitment: _____

Do you hold any professional licenses or certifications? Yes No

If yes, please list and describe _____

Have you ever had a professional license / certification revoked or suspended? Yes No

If yes, please list and describe _____

Are you currently under investigation by any agency or department concerning any license or certification matter? Yes No

If yes, please describe _____

Are you currently employed? Yes No

May we contact your current employer? Yes No

EMPLOYMENT HISTORY

Start with the most recent; include your entire employment history and military service; attach additional pages if necessary.

Company Name Address & Telephone	Dates of Employment		Position Duties & Supervisor	Reasons for Leaving
	From	To		

What experiences, skills, or qualifications do you feel especially would qualify you for work with our organization? _____

NOTE TO APPLICANTS: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you able to perform, with or without accommodation, the functions of the job for which you have applied? Yes No

PERSONAL REFERENCES

(No relatives please)

Name and Occupation	Address	Telephone Number

Authorization and Understanding

I represent that the answers and information given by me in this application are true and complete. I authorize employer to verify the information I have provided and to make any investigation of my background deemed necessary. I also authorize third parties (such as former employers, law enforcement organizations, financial institutions, and educational institutions) contacted by employer to furnish any information relevant to my application for employment and further release all persons and organizations from any and all liability for any and all damages whatsoever for releasing such information. I acknowledge that any false, inaccurate or misleading information may result in refusal to hire or dismissal once the facts become known.

This application for employment shall be considered active for a period of time not to exceed 60 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I have no objection to signing an employee agreement on confidential information. I consent to all legally permissible medical examinations and drug and alcohol testing required by employer.

I understand and agree that employment with employer is at will and that either employer or I can terminate my employment and compensation with or without cause, and with or without notice, at any time. I acknowledge that no representations, either oral or written, have been made to me to the contrary and that any pre-existing understandings which contradict an at will status of employment are canceled. Further, I understand that only the manager of employer has any authority to enter into any agreement for foregoing, and that any such agreement must expressly state such purpose and must be in writing and signed by the manager of employer.

In consideration of my employment, I agree to conform to the rules and policies of employer. Also, I agree not to begin any action or suit relating directly or indirectly to employment with employer or the termination of such employment more than one (1) year after the date of termination of such employment and I waive any statute of limitations to the contrary. If this provision is held invalid or unenforceable, I agree that such time period will be deemed increased to the minimum extent necessary to make such provision valid and enforceable.

My signature below indicates that I have read and understood the above paragraphs.

Signature

Date

For Office Use Only

Start Date: _____ **Department:** _____

Job Title: _____ **Wage:** _____