

APPLICATION FOR EMPLOYMENT

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OFFICE INFORMATION- FORMS
(Current Reviewed 11-
08)\Employment Application.doc

▶ We are an Equal Opportunity Employer.

We consider all qualified applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital, or veteran status, or any other legally protected status.

POSITION INFORMATION

Position(s) applied for:		Date of Application:
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend / Relative	<input type="checkbox"/> General Inquiry
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Website	<input type="checkbox"/> Other _____

APPLICANT INFORMATION

Last Name:		First:	Middle:	
Address:		City:	State:	Zip:
Home Phone: ()	Mobile Phone: ()	Email Address (voluntary):	Social Security Number (voluntary):	

Best time to contact you at home:	Earliest Date Available for Work:	Desired Salary Range:
You are available to work: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY	Indicate Shift: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	Any days/dates unavailable:
If you are under age 18, can you provide required proof of eligibility to work?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever filed an employment application with us before? If yes, give date:		<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been employed with us before? If yes, give date:		<input type="checkbox"/> YES <input type="checkbox"/> NO
Do any of your friends or relatives (other than spouse) work here? If yes, specify name and relationship:		<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you currently employed?		<input type="checkbox"/> YES <input type="checkbox"/> NO
May we contact your present employer?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (Proof of Citizenship or Immigration Status will be required upon employment)		<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you currently on "lay-off" status and subject to recall?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been convicted of a felony		<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes please describe conditions: _____		

EDUCATION

	School Name and Address	Course of Study	Year Graduated	Degree / Diploma
High School				
Undergraduate				
Graduate				
Other (specify)				

COMMENTS: Please include explanation of any gaps in employment on following page

WORK EXPERIENCE

Start with your previous or most recent job. Include any job-related military service or volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or other protected status.

Employer	Dates Employed		Work Performed
	From	To	
Address			
Phone			
Starting Title	Hourly Rate / Salary		
Ending Title	Starting	Final	
Supervisor			
Reason for Leaving:		May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Employer	Dates Employed		Work Performed
	From	To	
Address			
Phone			
Starting Title	Hourly Rate / Salary		
Ending Title	Starting	Final	
Supervisor			
Reason for Leaving:		May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Employer	Dates Employed		Work Performed
	From	To	
Address			
Phone			
Starting Title	Hourly Rate / Salary		
Ending Title	Starting	Final	
Supervisor			
Reason for Leaving:		May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Employer	Dates Employed		Work Performed
	From	To	
Address			
Phone			
Starting Title	Hourly Rate / Salary		
Ending Title	Starting	Final	
Supervisor			
Reason for Leaving:		May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	

SPECIALIZED TRAINING: Please include apprenticeships, extra-curricular activities and other specialized education.

SPECIALIZED SKILLS & OTHER TRAINING: Please include job-related training in the United States Military.

State any additional information or list any skills you possess (directly related to this position or not) which you feel may be helpful to us in considering your application.

PROFESSIONAL OR TRADE ORGANIZATION OR UNIONS. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or any other protected status.**ADDITIONAL INFORMATION**

Other Qualifications: summarize job-related skills and qualifications acquired but not yet listed on this application.

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 capable of performing, within a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation have been given.

☐ YES ☐ NO

PERSONAL & PROFESSIONAL REFERENCES

Name	Phone	Best Time to Call	Occupation
1.			
2.			
3.			

APPLICANT'S STATEMENT

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this period should inquire as to whether or not applications are being accepted at that time. I understand that this application will be given every consideration, but it is not a promise of employment.

I understand that if I am hired, my employment will be for no definite period, regardless of the period of payment of my wages, I further understand that I have the right to terminate my employment at any time with or without notice, and Ideal Landscape Group has the same right. No one other than the President of the Company has authority to modify this relationship or to make any agreement to the contrary. Any such modification or agreement must be in writing.

I understand that the Ideal Landscape Group reserves the right to require me to submit to a test for the presence of drugs in my system prior to employment and at any time during my employment, to the extent permitted by law. I also understand that any offer of employment may be contingent upon the passing of a physical examination and a test for the presence of alcohol in my system, performed by a doctor selected by the Company. I consent to the disclosure of the results of the physical examinations and related tests to the Company. I also understand that I may be required to take other tests (such as personality and honesty tests) prior to and during my employment.

I understand that the company may investigate my driving record, criminal record, and other consumer reports which may be prepared and whereby this information is obtained through personal interviews with my neighbors, friends, and others with whom I am acquainted. This inquiry includes information as to my general character, general reputation, personal characteristics, and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation. I further understand that Ideal Landscape Group may contact my previous employers and I authorize those employers to disclose to the Company all records pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, I hereby waive any rights or claims I may have against my former employers, their agents, employees, and representatives, as well as any other individuals who release information to the Company. I release them from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party whether such information is favorable or unfavorable to me.

In event of employment, I understand that false or misleading information given in this application or interview(s) may result in discharge. I also understand that if such information is later discovered to be false in any respect, I may be dismissed. I understand, also, that I am required to abide by all rules and regulations of Ideal Landscape Group upon hiring.

Signature of Applicant

Date