



APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

DATE: _____

DATE AVAILABLE: _____

PERSONAL DATA

NAME: _____
Last First Middle

ADDRESS: _____ TELEPHONE () _____

CITY, STATE, ZIP CODE: _____

POSITION DESIRED : _____ SALARY DESIRED: _____

CHECK (v) TYPE OF EMPLOYMENT DESIRED: Full Time Part Time

CHECK (v) DAYS AVAILABLE: Mon. Tue. Wed. Thur. Fri. Sat. Sun.

HOURS AVAILABLE: _____ WILLING TO WORK OVERTIME? Yes No

- YES NO ARE YOU LEGALLY ABLE TO WORK IN THE U.S.?
 YES NO HAVE YOU BEEN EMPLOYED HERE BEFORE?
 YES NO ARE YOU A PREVIOUS APPLICANT?
 YES NO ARE YOU OVER THE AGE OF 18?

WORK EXPERIENCE

Start with most recent position: furnish dates and explanation for each period of employment and unemployment for the last 5 years. Use a separate sheet, if necessary.

PRESENT/LAST EMPLOYER	TYPE OF BUSINESS	ADDRESS	TELEPHONE
START DATE/LEAVE DATE	HOURLY RATE OF PAY	REASON FOR LEAVING	
JOB TITLE	SUPERVISOR AND TITLE	MAY WE CONTACT: <input type="checkbox"/> YES <input type="checkbox"/> NO	
DESCRIBE RESPONSIBILITIES			
PREVIOUS EMPLOYER	TYPE OF BUSINESS	ADDRESS	TELEPHONE
START DATE/LEAVE DATE	HOURLY RATE OF PAY	REASON FOR LEAVING	
JOB TITLE	SUPERVISOR AND TITLE	MAY WE CONTACT: <input type="checkbox"/> YES <input type="checkbox"/> NO	
DESCRIBE RESPONSIBILITIES			
PREVIOUS EMPLOYER	TYPE OF BUSINESS	ADDRESS	TELEPHONE
START DATE/LEAVE DATE	HOURLY RATE OF PAY	REASON FOR LEAVING	
JOB TITLE	SUPERVISOR AND TITLE	MAY WE CONTACT: <input type="checkbox"/> YES <input type="checkbox"/> NO	
DESCRIBE RESPONSIBILITIES			

WORK EXPERIENCE CONTINUED			
PREVIOUS EMPLOYER	TYPE OF BUSINESS	ADDRESS	TELEPHONE
START DATE/LEAVE DATE	HOURLY RATE OF PAY	REASON FOR LEAVING	
JOB TITLE	SUPERVISOR AND TITLE	MAY WE CONTACT: [] YES [] NO	
DESCRIBE RESPONSIBILITIES			

EDUCATION AND TRAINING

Please complete all appropriate items.

TYPE OF SCHOOL	NAME AND LOCATION OF SCHOOL	DEGREE EARNED	MAJOR/MINOR FIELDS OF STUDY
HIGH SCHOOL		DIPLOMA? [] YES [] NO	
BUS. OR TECH		DIPLOMA? [] YES [] NO	
COLLEGE		DIPLOMA? [] YES [] NO	
OTHER		DIPLOMA? [] YES [] NO	

PROFESSIONAL REFERENCES

List 3 professional references. (DO NOT LIST RELATIVES OR PERSONAL FRIENDS)

NAME	TELEPHONE	ADDRESS	RELATIONSHIP

APPLICANT STATEMENT

Please read carefully: I hereby authorize Landscape Renovations, Inc. ("LRI") to contact, verify and obtain the accuracy of the information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability LRI and its representatives for seeking, gathering and using such information to make employment decisions along with all other persons or organizations who are providing such information. I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever the misrepresentation or omission may be discovered. If I am employed, I acknowledge that there is no specified length of employment and that this application with LRI does not constitute an agreement or a contract for employment. I also acknowledge that I can terminate the employment relationship at will as well as LRI with or without cause, at any time. I understand that it is the policy of LRI not to refuse to hire or otherwise discriminate against qualified individuals with disabilities because of that person's need for a reasonable accommodation as required by the ADA (Americans with Disabilities Act). I also understand that if I'm employed, I will be required to provide satisfactory proof of identity and legal work authorization within 3 days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment. I also understand that the LRI has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment and that consent to and compliance with the Policy is a condition of my employment and continued employment is based on the passing of testing done under this Policy. If I'm employed, in consideration of my employment, I agree to conform to LRI's rules, ethics, policies and procedures. I represent and warrant that I have read and fully understand the foregoing information and that I seek employment with LRI under these conditions.

SIGNATURE: _____

DATE: _____

*Note: The Company does not discriminate against any employee or applicant on the basis of race, color, religion, creed, national origin, sex, sexual orientation, age, disability, marital status, veteran's status, status with regard to public assistance, or any other protected status. Answers to application questions will be used for applicable, job-related reasons only.