

GREENSCAPES, LLC

EMPLOYMENT APPLICATION FORM

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE				
APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS				
PLEASE COMPLETE ALL PAGES:			Date:	
Name:				
Home Address:				
Number	Street	City	State	Zip
How long at this address?			Social Security No.:	
Mailing Address:				
Home Telephone:			Email:	
Cell Phone:				
Position Applied For:			Days/Hours Available to Work:	
Salary Desired:			No Pref _____ Thur _____	
Can you work Saturdays and Sundays?			Mon _____ Fri _____	
			Tue _____ Sat _____	
			Wed _____ Sun _____	
How many hours can you work weekly?			If under 18, please list age:	
Employment Desired:				
<input type="checkbox"/> FULL-TIME ONLY <input type="checkbox"/> PART-TIME ONLY <input type="checkbox"/> FULL- OR PART-TIME				
When available for work?				
EDUCATION & OTHER INFORMATION				
TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NO. OF YEARS COMPLETED	MAJOR & DEGREE or CERTIFICATE
High School				
G.E.D.				
Professional or Trade School				
College				

MILITARY			
Have you ever been in the armed forces?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you now a member of the national guard?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Specialty	Date Entered	Discharge Date	
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.		
Job One			
Name of Employer:	Name of Last Supervisor	Employment Dates	Salary
Complete Address:		From:	Start:
		To:	Final:
Phone Number:	Your Last Job Title:		
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.			
Job Two			
Name of Employer:	Name of Last Supervisor:	Employment Dates	Salary
Complete Address:		From:	Start:
		To:	Final:
Phone Number:	Your Last Job Title:		
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.			

Job Three			
Name of Employer:	Name of Last Supervisor:	Employment Dates	Salary
Complete Address:		From:	Start:
		To:	Final:
Phone Number:	Your Last Job Title:		
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.			
Job Four			
Name of Employer:	Name of Last Supervisor:	Employment Dates	Salary
Complete Address:		From:	Start:
		To:	Final:
Phone Number:	Your Last Job Title:		
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.			
May we contact your present employer?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Did you complete this application yourself?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
If not, who did?			

Once you have an offer for employment, we ask to see your Driver's License, Social Security Card, and proof of Citizenship (Passport/ Birth Certificate) to verify you can work in the US.

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by GREENSCAPES, LLC, 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 GREENSCAPES, LLC, 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 Manager of the Company. Both the undersigned and GREENSCAPES, LLC, may end the employment relationship at any time, without specified notice or reason. If employed, I understand that GREENSCAPES, LLC 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 GREENSCAPES, LLC permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release GREENSCAPES from any liability as a result of such contract.

I also understand that (1) GREENSCAPES, LLC has a drug and alcohol policy that provides for pre-employment testing as well as 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 understand that, in connection with an employment offer, GREENSCAPES, LLC may request a police and court clearance. A consumer reporting agency may retrieve an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with GREENSCAPES, LLC shall be probationary for a period of ninety (90) 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, sexual orientation, 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 Greenscapes, LLC.

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

POST EMPLOYMENT INFORMATION FORM

To be completed after hired:

Height: ft. in.	Weight:	Birth Date:	
Married <input type="checkbox"/> Yes <input type="checkbox"/> No	If Married, How Long? <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
Full Name of Spouse	Spouse Occupation		
Name of Company	Telephone:		
PERSON TO BE NOTIFIED IN CASE OF EMERGENCY			
Name:		Telephone:	
Address:		Relationship:	
FOR INSURANCE PURPOSES ONLY: LIST ALL DEPENDENTS			
Name:	Relationship:	Birth Date:	SSN:
TO BE COMPLETED BY EMPLOYER			
Date of Employment:	Job Title:	Dept.:	
Location:	Rate of Pay:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Salaried	
Applicant's signature acknowledging above information			
Drug Test Confirmation Number:			
Name of Person Verifying Information:			
Name of Person Authorizing Employment:			