



Native Havens LLC

27 Powers Dr
Kearneysville, WV 25430
(302) 363-3045

APPLICATION FOR EMPLOYMENT

All applicants are considered for all positions without regard to race, religion, color, sex, gender, sexual orientation, pregnancy, age, national origin, ancestry, physical or mental disability, medical condition, military or veteran status, genetic information, marital status, ethnicity, or any other protected classification, in accordance with applicable federal, state, and local laws.

Please print:

| | | | | | |
|----------------------------------|------------------------|---------------|----------------------|-------|----------|
| Position* Applied for: | | Desired Wage: | Date of Application: | | |
| | | | | | |
| Print Name (Last, First, Middle) | | | | | |
| | | | | | |
| Stree Address | | | City | State | Zip Code |
| | | | | | |
| Main Phone Number | Alternate Phone Number | | Email | | |
| | | | | | |

*Positions at Native Havens LLC: *Laborer (part-time seasonal and full-time seasonal, Landscape Assistant (part-time seasonal, full-time seasonal), Landscape Specialist (full-time seasonal, full-time) , Foreman (full-time), Design/Sales (full-time seasonal, full-time)*

EMPLOYMENT EXPERIENCE

List the names of your present or previous employers in chronological order with present or most recent employer listed first. Be sure to account for all periods of time. If self-employed, give firm name and supply business references. Add additional page if necessary.

| | | |
|----------------------|-----------------------------|--|
| Name of Employer | Supervisor | May we contact? |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Street Address | | Wage |
| | | |
| Phone Number | Dates Employed (Month/Year) | |
| | From: | To: |
| Job Title and Duties | Reason for Leaving | |
| | | |

| | | |
|----------------------|-----------------------------|--|
| Name of Employer | Supervisor | May we contact? |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Street Address | | Wage |
| | | |
| Phone Number | Dates Employed (Month/Year) | |
| | From: | To: |
| Job Title and Duties | Reason for Leaving | |
| | | |

| | | |
|----------------------|-----------------------------|--|
| Name of Employer | Supervisor | May we contact? |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Street Address | | Wage |
| | | |
| Phone Number | Dates Employed (Month/Year) | |
| | From: | To: |
| Job Title and Duties | Reason for Leaving | |
| | | |

Have you ever been involuntarily terminated or asked to resign from any job?..... Yes No

If yes, explain:

Explain any gaps in your employment history:

List any other experience, job related skills, additional languages, or other qualifications that you believe should be considered in evaluating your qualifications for employment.

Education: Describe your educational background in the table provided below.

| | School Name | Years Completed | Diploma/ Degree (Yes/No) | Area of Study/Major | Specialized Training, Skills, or Extra- curricular Activites |
|-------------------------------------|-------------|-----------------|--------------------------------|---------------------|--|
| High School | | | | | |
| College/ University | | | | | |
| Graduate/ Professional School | | | | | |
| Trade School | | | | | |
| Other | | | | | |

Business and Professional References

List three professional references of individuals who are not related to you:

| Name and Title | Relationship and Years Acquainted | Phone Number or Email |
|----------------|-----------------------------------|-----------------------|
| | | |
| | | |
| | | |

Personal References

List up to three people who know you well:

| Name and Title | Relationship and Years Acquainted | Phone Number or Email |
|----------------|-----------------------------------|-----------------------|
| | | |
| | | |
| | | |

GENERAL INFORMATION

1. Have you ever used another name?..... Yes No

2. Is any additional information relative to name changes, use of an assumed name, or nickname necessary to enable a check on your work and educational record?..... Yes No If yes to either of the above, provide the additional information:

3. Have you ever worked for this company before?..... Yes No If yes, give dates and position: _____

4. On what date are you available to begin work? _____

5. Are you available to work? Full-time Part-time Temporary

6. Days and hours you are available to work:

| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|--------|---------|-----------|----------|--------|----------|
| | | | | | |

7. If hired, would you have a reliable means of transportation to and from work?..... Yes No

8. Are you at least 18 years old? Yes No

Note: If under 18, hire is subject to verification that you are of minimum legal age.

9. If hired, can you present evidence of your identity and legal right to work in this country?..... Yes No

10. Are you able to perform the essential job functions of the job for which you are applying for as written in job description?.....Yes No

11. Do you have any physical conditions that may prevent you from safely and effectively performing the job functions as written in the job description?.....Yes No

APPLICANT STATEMENT AND AGREEMENT Read and initial each paragraph below. If there is anything that you do not understand, please ask.

_____ I authorize Native Havens LLC to investigate my references, work record, education and other matters related to my suitability for employment.

_____ If employed by Native Havens LLC, I understand that I am required to comply with all rules and regulations of the Company.

_____ If hired, I understand and agree that my employment with the Company is at-will, and that neither I, nor the Company is required to continue the employment relationship for any specific term. I further understand that the Company or I may terminate the employment relationship at any time, with or without cause, and with or without notice. I understand that the at-will status of my employment cannot be amended, modified, or altered in any way by any oral modifications.

_____ I understand that safety of employees is extremely important to the Company and that the Company is committed to ensuring a safe working environment. I understand that I, and every employee, have a responsibility to prevent accidents and injuries by observing all safety procedures and guidelines and following the directions of my site supervisor. I understand and agree to comply with federal, state, and local regulations related to on-the-job safety and health.

_____ I hereby certify that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I understand that if I am selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration laws require me to complete an I-9 Form in this regard.

_____ I understand that if any term, provision, or portion of this Agreement is declared void or unenforceable, it shall be severed and the remainder of this Agreement shall be enforceable.

MY SIGNATURE INDICATES THAT I HAVE READ, UNDERSTAND, AND AGREED TO ALL OF THE ABOVE TERMS.

Signature: _____

Name (print): _____ Date: _____