

Employment Application Form

Please Complete all Pages (Incomplete Applications Will Be Discarded) Date _____

Name _____
Last First Middle

Present Address _____
Number Street City State Zip

Date of Birth _____ Social Security Number [] - [] - []
If Under 18

Position Applied For _____

Salary Desired _____

Employment Desired Full Time Only _____ Part Time Only _____ Any _____

When Are You Availabel to Start _____
Date

Are You a Citizen Of the United States Yes [] No []

If Not, Are you Authorized to Work in The United States Yes [] No []

Education

Did You Attend High School Yes [] No [] Graduate Yes [] No []

Did You Attend College/University Yes [] No [] Graduate Yes [] No []

Did You Attend Business/Trade Sch Yes [] No [] Graduate Yes [] No []

Other _____ Graduate Yes [] No []

Criminal Record

Have You Ever Been Convicted Of A Crime Yes [] No []

If Yes Please Explain Number Of Convictions [] Nature of Offense []

How Recent [] Sentence [] Rehabilitation []

Would You Be Willing to Submit to Pre-Employment Drug Screening Yes [] No []

Would You Be Willing to Submit to Random Drug Screening Yes [] No []

Driving Record

Do You Have a Valid Ohio Drivers License

Yes No

License Number _____

Operator

CDL

Expiration Date _____

Are You Insurable

Yes

No

Are You Proficient At Pulling A Trailer

Yes

No

What Is Your Means Of Transportation To Work _____

Accidents In The Last 3 Years

Yes No

Number

Moving Violations In The Last 3 Years

Yes No

Number

Landscape Specific Experience

Describe Any Past Landscaping Related Experience (Mowing, Pruning, Mulch, Pavers...)

Describe Any Landscape Equipment You Are Familiar With (Push Mower, Zero Turn, ...)

Work Experience

Please List Your Work Experience For the Last 5 Years Beginning With The most Recent

If You Were Self Employed Give The Business Name and Status (LLC, Corp, S Corp....)

Name of Employer		Start Date	End Date
Address		Salary	
City	State	Zip Code	Phone Number
Job Title		Supervisors Name	
Reason For Leaving- Please Be Specific		Yes	No
		May We Contact Your Employer	
List The Jobs You Held, Duties Performed, Skills Applied, Promotions/Advancements Below:			
Name of Employer		Start Date	End Date

Name	Company	Position	Phone #	Yrs Known
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Name	Company	Position	Phone #	Yrs Known
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Application Form Waiver Please Read Carefully

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

I also understand that (1) the Company has a drug and alcohol policy that provides for possible pre-employment testing as well as random and /or periodic 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 further understand that my employment with the Company shall be probationary for a period of thirty (30) 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, 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 our business.