

C and D LANDSCAPE CO.

Application for **FULL-TIME** employment

PERSONAL INFORMATION

NAME: _____ DATE: _____ PHONE: _____

ADDRESS: _____ CITY _____ STATE _____

ARE YOU 18 OR OLDER? YES() NO() SS# _____

CAN YOU LEGALLY WORK IN THE US? YES() NO()

DO YOU HAVE A VALID OREGON DRIVERS LICENSE? YES() NO()

LICENSE NO. _____

IN EMERGENCY NOTIFY: _____ PHONE: () _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES () NO ()

IF YES, PLEASE PROVIDE DETAILS OF ALL CONVICTIONS AND LOCATIONS OF ALL CONVICTIONS.
(A yes answer will not necessarily disqualify you from employment.)

HAVE YOU EVER WORKED FOR THIS COMPANY BEFORE? YES() NO()

IF YES, WHEN AND WHAT POSITION? _____

NAMES OF RELATIVES WORKING AT THIS COMPANY AT THIS TIME.

AVAILABILITY

POSITION YOU ARE SEEKING? _____

FULL TIME () PART TIME () SUMMER () TEMPORARY ()

IS OVERTIME ACCEPTABLE? YES () NO ().

IS WEEKEND WORK? YES () NO ()

IS SHIFT WORK? YES () NO ().

IF HIRED, DO YOU HAVE RELIABLE TRANSPORTATION? YES () NO ().

DATE AVAILABLE? _____

ANY OTHER RESTRICTIONS ON AVAILABILITY?

PHYSICAL DATA

DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT MAY LIMIT YOUR ABILITY TO DO THE JOB YOU ARE APPLYING FOR? YES () NO (). IF YES, EXPLAIN FULLY.

WOULD YOU SUBMIT TO A URINE SPECIMEN REQUIRED FOR THE JOB YOU ARE APPLYING FOR? YES () NO ().

WOULD YOU TAKE A PHYSICAL EXAMINATION IF IT IS REQUIRED FOR THE JOB YOU ARE APPLYING FOR? YES () NO ().

EDUCATION

LEVEL	NAME AND ADDRESS SCHOOL, CITY, STATE	YEARS COMPLETED	FIELD OF STUDY	GRADUATED YES/NO?
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HIGH SCHOOL

COLLEGE

TRADE, BUSINESS SCHOOL

OTHER

HONORS, AWARDS, CERTIFICATES:

PROFESSIONAL CERTIFICATES OR LICENSES HELD?

WHAT SUBJECT DID LIKE BEST? _____ LEAST? _____

ARE YOU TAKING ANY EDUCATIONAL COURSES AT PRESENT? YES () NO ().

IF YES, WHAT AND WHERE?

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EMPLOYMENT HISTORY

IF YOU ARE PRESENTLY EMPLOYED, WHY DO YOU DESIRE TO CHANGE JOBS?

LIST PRESENT EMPLOYER OR MOST RECENT EMPLOYER FIRST:

1. EMPLOYER _____

SUPERVISORS NAME _____

ADDRESS _____ PHONE:() _____

JOB TITLE _____ FROM _____ TO _____

SALARY: START _____ END _____ DUTIES _____

WHAT DID YOU LIKE MOST ABOUT YOUR JOB? _____

WHAT DID YOU LIKE LEAST ABOUT YOUR JOB? _____

REASONS FOR LEAVING? _____

2. EMPLOYER _____

SUPERVISORS NAME _____

ADDRESS _____ PHONE:() _____

JOB TITLE _____ FROM _____ TO _____

SALARY: START _____ END _____ DUTIES _____

WHAT DID YOU LIKE MOST ABOUT YOUR JOB? _____

WHAT DID YOU LIKE LEAST ABOUT YOUR JOB? _____

REASONS FOR LEAVING? _____

3. EMPLOYER _____

SUPERVISORS NAME _____

ADDRESS _____ PHONE:() _____

JOB TITLE _____ FROM _____ TO _____

SALARY: S TART _____ END _____ DUTIES _____

WHAT DID YOU LIKE MOST ABOUT YOUR JOB? _____

WHAT DID YOU LIKE LEAST ABOUT YOUR JOB? _____

REASONS FOR LEAVING? _____

4. EMPLOYER _____

SUPERVISORS NAME _____

ADDRESS _____ PHONE:() _____

JOB TITLE _____ FROM _____ TO _____

SALARY: START _____ END _____ DUTIES _____

WHAT DID YOU LIKE MOST ABOUT YOUR JOB? _____

WHAT DID YOU LIKE LEAST ABOUT YOUR JOB? _____

REASONS FOR LEAVING? _____

EXPLAIN REASONS FOR PERIODS OF UNEMPLOYMENT OF 3 OR MORE WEEKS
DURATION IN THE PAST THREE YEARS: _____

SKILLS

DESCRIBE THE SKILLS YOU HAVE RELATED TO THE POSITION YOU ARE SEEKING. INCLUDE SKILLS IN THE OPERATION OF EQUIPMENT AND MACHINERY, IF APPLICABLE:

US MILITARY SERVICE

BRANCH OF SERVICE _____

SPECIALITY _____

REFERENCES

LIST AT LEAST 3 REFERENCES WE MAY CONTACT WHO ARE QUALIFIED TO EVALUATE YOUR CAPABILITIES. NOT RELATIVES.

	NAME AND ADDRESS	PHONE	OCCUPATION	YEARS KNOWN
1.	_____	_____	_____	_____

2.	_____	_____	_____	_____

3.	_____	_____	_____	_____

HOW AND BY WHOM WERE YOU REFERRED TO US? _____

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY THOSE APPLICATIONS THAT ARE SIGNED AND DATED ARE CONSIDERED VALID. IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT PLEASE ASK THEM BEFORE SIGNING.

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND WITHOUT OMISSIONS. I UNDERSTAND THAT FALSIFICATION OF THIS INFORMATION IS GROUNDS FOR REFUSAL TO HIRE, OR, IF HIRED, DISMISSAL. UPON REQUEST BY YOU, I AUTHORIZE ANY OF THE PERSONS OR ORGANIZATIONS REFERENCED IN THIS APPLICATION TO GIVE YOU COMPLETE INFORMATION AND RECORDS CONCERNING ANY OF THE SUBJECTS COVERED BY THIS APPLICATION. I UNDERSTAND THAT MY EMPLOYMENT MAY BE SUBJECT TO THE SATISFACTORY RESULTS OF ANY PRE-EMPLOYMENT EXAMINATION REQUIRED BY THE EMPLOYER. IN CONSIDERATION FOR MY EMPLOYMENT AND BEING CONSIDERED FOR EMPLOYMENT BY YOUR COMPANY, I AGREE TO CONFORM TO ALL THE RULES AND REGULATIONS OF THE COMPANY, EITHER PRESENTLY EXISTING OR AS FURTHER NOTIFIED. I UNDERSTAND SUCH RULES AND REGULATIONS ARE AVAILABLE ON REQUEST. SUBJECT TO ANY APPLICABLE WRITTEN CONTRACT, I ACKNOWLEDGE THAT ANY OFFER OF EMPLOYMENT MAY BE WITHDRAWN, OR ANY EMPLOYMENT MAY BE TERMINATED, WITH OR WITHOUT PRIOR NOTICE, AT ANY TIME, AT THE OPTION OF THE COMPANY OR MYSELF. I FURTHER ACKNOWLEDGE AND UNDERSTAND THAT NO REPRESENTATIVE OF THE COMPANY HAS AUTHORITY TO ENTER INTO ANY EMPLOYMENT AGREEMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO ASSURE ME OF ANY FUTURE POSITION, OR TO ASSURE ANY BENEFITS OR TERMS AND CONDITIONS AGREEMENT, AND NOT OTHERWISE.

In making this application for employment, it is understood that no investigation may be made whereby information is obtained by personal interviews with your neighbors, friends, and others with whom you are acquainted. This inquiry includes information as to your character, general regulations, personal characteristics and mode of living. Your right to make a written request within a reasonable period of time for complete and accurate disclosure of additional information concerning the nature and scope of this investigation.

If hired, I expressly authorize the Company or affiliates to deduct from my wages sums equal to the amount of any damage to property or equipment caused by my negligence, intentional misconduct or abuse, to the extent allowed by law.

I have read and understand the above.

SIGNATURE _____ DATE _____

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C and D LANDSCAPE COMPANY
PREEMPLOYMENT DRUG SCREEN CONSENT AND RELEASE

If selected for employment I understand that a pre-employment drug screen will be administered. I further understand that if I test positive for the presence of one or more prohibited substances I will receive no further consideration for employment at this time.

I also understand that a refusal to submit to a drug screen or failure to cooperate and participate fully in the specimen collection process will constitute a voluntary withdrawal of my application for employment.

I fully understand that any employment with C and D Landscape Company is conditioned upon a negative drug screen.

I also understand that if the drug test result is positive I will be ineligible to submit another application for employment to C and D Landscape for a period of 12 months.

I hereby consent to submit to a drug-screening test.

I hereby authorize release of the drug test results to C and D Landscape Company's management.

Applicant Signature

Witness Signature

Print Name

Print Name & Title

Date

Date

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E-VERIFY NOTIFICATION

C and D Landscape Company is a participating employer in E-Verify. This means that we will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization.

IMPORTANT: If the Government cannot confirm that you are authorized to work, we are required to provide you written instructions and an opportunity to contact SSA and/or DHS before taking adverse action against you, including terminating your employment.

We may not use E-Verify to pre-screen job applicants or to re-verify current employees and may not limit or influence the choice of documents presented for use on the Form I-9.

If you believe your employer has violated its responsibilities under this program or has discriminated against you during the verification process based upon your national origin or citizenship status, please call the Office of Special Counsel for Immigration Related Unfair Employment Practices at 1.800.255.7688 (TDD: 1.800.237.2515).

For more information on E-Verify please contact DHS at 1.888.464.4218

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