

BERK'S LANDSCAPING L.L.C.

PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE.

APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE ALL PAGES

Date _____

Personal Information

Name _____

Current Address _____

City _____ State _____ Zip _____

Social Security No. _____ - _____ - _____

Telephone Number _____ (Home) _____ (Mobile)

If under 18, please list age _____

Are you legally entitled to work in the United States? *YES or NO*

Employment Desired

Position applying for _____

Employment Desired ___ Full-Time ___ Part-Time ___ Full or Part-Time

Days/hours available to work

No Preference		Wednesday	
Sunday		Thursday	
Monday		Friday	
Tuesday		Saturday	

When are you available to start? _____

How many hours can you work weekly? _____

Are you available to work 10 hour workdays? _____

Do you recognize that weather interferences may require mandatory workdays on Fridays and Saturdays? _____

Do you recognize that fieldwork with Berk's Landscaping L.L.C. may be seasonal?

YES or NO

List any professional landscape companies you may have worked with. _____

Describe your attendance and tardy record with your previous employers.

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Education

Type of School	Name of School	Location	Number of years Completed	Major &/or Degree
High School				
College				
Business or Trade				
Professional School				

Professional Development

Do you have a valid Driver's License? *YES or NO*

If yes:

_____ Driver's License No. _____ State of Issue

_____ Operator _____ CDL _____ Expiration Date

If no:

What is your means of transportation to work? _____

Have you had any accidents during the past three years? _____ How many? _____

Have you had any moving violations during the past three years? _____ How many? _____

Have you ever been convicted of a DUI? _____ When? _____

Have you ever been convicted of a crime? *YES or NO*

If yes:

Explain number of convictions, nature of offenses, leading to convictions, how recently such offenses were committed, sentences imposed and types of rehabilitation. _____

Military

Have you ever been in the Armed Forces? *YES or NO*

Are you now a member of the National Guard? *YES or 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.

Are you currently employed? *YES or NO*

If yes:

Where? _____ Supervisor's Name _____

May we contact your current employer? *YES or NO*

	Name of Employer	Address	Phone No.	Employment Dates	Pay or Salary
1.					

Reason for leaving

List the jobs you held, duties performed, skill used or learned, advancements or promotions while you worked at this company.

	Name of Employer	Address	Phone No.	Employment Dates	Pay or Salary
2.					

Reason for leaving

List the jobs you held, duties performed, skill used or learned, advancements or promotions while you worked at this company.

	Name of Employer	Address	Phone No.	Employment Dates	Pay or Salary
3.					
Reason for leaving					
List the jobs you held, duties performed, skill used or learned, advancements or promotions while you worked at this company.					

	Name of Employer	Address	Phone No.	Employment Dates	Pay or Salary
4.					
Reason for leaving					
List the jobs you held, duties performed, skill used or learned, advancements or promotions while you worked at this company.					

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.					

References

Please list two references other than relatives or previous employers.

Name _____

Name _____

Position _____

Position _____

Company _____

Company _____

Address _____

Address _____

Telephone No. () _____

Telephone No. () _____

ARE THERE ANY REASONS AS AN APPLICANT THAT YOU FEEL YOU COULD NOT COMPLETE ALL DUTIES FOR THIS POSITION? YES or NO

If yes explain.

DID YOU COMPLETE THIS APPLICATION YOURSELF? YES or NO

If not, who did? _____

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Berk's Landscaping L.L.C. (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 or employment, or to confer any right to remain an employee of Berk's Landscaping L.L.C., 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 Members of the Company. Both the undersigned and Berk's Landscaping L.L.C. 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 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 routine processing of your employment application, the Company may request from a consumer reporting agency 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 the Company shall be probationary for a period of sixty (60) 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** _____

Berk's Landscaping L.L.C. is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, 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 our business.