

Application for Employment

Please fill out form completely for employment consideration. Print and fax or mail when completed.

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin or handicap. We are an equal opportunity employer.

Personal Information

Last Name	First	Middle	Date
Street Address			Home Phone () -
City, State, Zip			
Business Phone () -			Email Address:
What was your previous address?			How long at present address? _____ Years _____ Months
Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, employment is subject to verification of minimum legal age.			How long at present address? _____ Years _____ Months
Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Month and Year _____ Location _____			Social Security No. -
How did you learn of our organization?			
Are you legally eligible for employment in the United States?			When will you be able to work?
Are you employed now?			If so, may we inquire of your present employer?
Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe in full.			

Are there any reasons for which you might not be able to perform the job duties (with a reasonable accommodation)?

☐ Yes ☐ No If Yes, please explain.

Drivers License#

State

Any Violations?

☐ Yes ☐ No

Education

School	Name and location of school	Course of study	No. of years completed	Did you graduate?	Degree or diploma
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
High				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Military

Complete this section if you served in the U.S. Armed Forces

Branch of Service

Describe your duties and any special training

Period of Active Duty (Month & Year)

From To

Rank at Discharge

Date of Final Discharge

Employment History Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

1.	Company Name	Telephone () -
	Address	Employed (Start Month and Year)
	Name of Supervisor	From To Hourly Rate
	Start Job Title and Describe Your Work	Start Last Reason for Leaving

The information provided in this Application for Employment is true, correct and complete. If employed, any misstatements or omissions of fact on this application may result in my dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

If you decide to engage an investigative consumer reporting agency to report on my credit and personal history, I authorize you to do so.

If a report is obtained you must provide, at my request, the name and address of the agency so I may obtain from them the nature and substance of the information contained in the report.

Date

Signature

BACKGROUND CHECK AUTHORIZATION AND RELEASE

Liberty Lawn Care & Landscaping Inc. may seek and obtain information about you from an investigative reporting agency for employment purposes. You may be the subject of investigative reports which can involve personal interviews with sources such as your current and past employers, friends, or associates. These reports may be obtained at any time after receipt of your authorization. Additionally, these reports may also be obtained if you are hired throughout the duration of your employment. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative report. The nature and scope of the investigative reports that will be obtained with regard to your application for employment will be in the following areas:

- Employment
- Arrest and criminal conviction
- Motor vehicle report

These reports may be conducted by an accredited and reputable reporting agency or by another entity or person, and we may conduct some research ourselves. The scope of this notice and authorization is all-encompassing, however, allowing Liberty Lawn Care & Landscaping Inc. to obtain from any outside organization all manner of investigative reports to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to consent to and request disclosure of the nature and scope of any such investigative report(s).

1. I understand that in connection with my application for employment an investigative report will be obtained. This report or these reports may contain information, but is not limited to, as to my character, general reputation, personal characteristics or mode of living, a criminal background history, verification of current and previous employment, motor vehicle report, and the additional matters indicated above and as not prohibited by law.
2. I understand that prior to taking an adverse action based, in whole or in part, on the information contained in any investigative report, a copy of the report will be provided to me. Upon written request, within a reasonable period of time after my receipt of this disclosure, a complete and accurate disclosure of the nature and scope of the investigative reports, which may involve personal interviews with sources such as neighbors, friends and associates, will be made to me. This disclosure shall be made in writing no later than 5 days after the date on which the request for such disclosure was received or such report was first requested, whichever is later.
3. The information requested will be used in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable federal or state laws. Furthermore; I understand that if I am denied employment because of information contained in whole or

Initial:_____

in part in investigative reports, I have the right to be notified and given the name and address of the agency or source that provided the information.

4. I hereby authorize, without any reservation, any party be contacted by Liberty Lawn Care & Landscaping Inc. or its agents, to furnish the information described in Section 1.
5. I understand that a fax, photographic or electronic copy of this consent and release shall be valid as the original.
6. I hereby release the agents and employers and all other persons, agencies, and entities providing information or reports about me from any and all liability arising out of the request for or release of any of the above-mentioned information or reports.
7. I have read and understand this form, and have been given the opportunity to consult with my independent legal advisor. By my signature below, I consent to the release of a information, as defined above, in conjunction with my application for employment and my employment. I understand that my consent will apply throughout my employment, to the extent permitted by law, unless I revoke or cancel my consent by sending a signed letter or statement to the company at any time.

Signature

Date

Printed Name

Initial: _____

The following is for identification purposes only to perform the background check, and will not be used for any other purpose:

DATE

PRINT NAME

SIGNATURE OF APPLICANT

SOCIAL SECURITY NUMBER

Date of Birth (For Background Purposes Only)

Drivers License Number State

Current Address:

Previous Addresses (Last 7 years):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Any other names I have been known by (including maiden name):

Initial: _____

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