

## APPLICATION FOR EMPLOYMENT

It is our policy to provide equal employment opportunity to all qualified persons without regard to race, color, creed, religion, sex (including pregnancy), sexual orientation, gender identity, national origin, age (40 or older), disability, or genetic information.

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Are you 18 years or older? Yes  No

Email Address: \_\_\_\_\_

Position applied for \_\_\_\_\_

Are you employed now? \_\_\_\_\_ If so, may we inquire with your present employer? \_\_\_\_\_

When can you start \_\_\_\_\_ Desired Wage \$ \_\_\_\_\_ Referred by \_\_\_\_\_

Are you looking for full-time employment? Yes  No  If no, what hours are you available? \_\_\_\_\_

Willing to help with multiple jobs? Yes  No

In compliance with federal law, all person hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

Education	School Name and Location	No. of years attended	Did you Graduate?	Subjects Studied
High School				
College				
Other				

In addition to your work history, are there other skills, qualifications, or experience we should consider?

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Emergency Contact: \_\_\_\_\_ Telephone # \_\_\_\_\_

**Employment History: (Start with most recent employer.)**

Name & Address of Employer \_\_\_\_\_ Telephone # \_\_\_\_\_

Date Started \_\_\_\_\_ Starting Wage \_\_\_\_\_ Starting Position \_\_\_\_\_

Date Ended \_\_\_\_\_ Ending Wage \_\_\_\_\_ Ending Position \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ May we contact? Yes  No

Responsibilities \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Name & Address of Employer \_\_\_\_\_ Telephone # \_\_\_\_\_

Date Started \_\_\_\_\_ Starting Wage \_\_\_\_\_ Starting Position \_\_\_\_\_

Date Ended \_\_\_\_\_ Ending Wage \_\_\_\_\_ Ending Position \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ May we contact? Yes  No

Responsibilities \_\_\_\_\_

Reason for leaving \_\_\_\_\_

**References:** Give the names of three people not related to you, whom you have known at least one year.

Name	Address	Telephone #	Years Acquainted

Attach additional information if necessary.

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. This company is hereby authorized to make any investigations of my prior educational and employment history. I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, for any reason not prohibited by statute. All employment will continue on that basis. I understand that no supervisor, manager, or executive of this company, other than the president has the authority to alter the foregoing.

Signature \_\_\_\_\_ Date \_\_\_\_\_

# Motor Vehicle Record

## Disclosure and Release Form

In connection with my ongoing employment or my application for employment, should I have or secure a position with Culver's Lawn & Landscaping, Inc., I understand that a motor vehicle record, which contains public record information, may be requested. I further understand that such report(s) will contain personal information and public record information concerning my driving record from federal, state, and other agencies that maintain such records, as well as independent services that provide driving record information.

I authorize, without reservation, any party or agency contacted to furnish the above-mentioned information to Bouslog Insurance Corp. or its agent.

I hereby authorize procurement of my motor vehicle report. If hired, this authorization shall remain on file and shall serve as ongoing authorization for you to procure such reports at any time during my employment. Culver's Lawn & Landscaping Inc.'s commercial auto insurer and agent will also use this information in conjunction with loss control and safety review efforts.

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Full Legal Name (include middle initial)

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Driver's License Number

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State of Issuance

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Date of Birth

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Signature

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Date