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 □				
Position applied for					
Are you employed now? _	If so may we inquire w	ith your present employ	er?		
When can you start	Desired Wage \$	Referred by			
Are you looking for full tir	me employment? Yes □ No □ V	Villing to help with mult	tiple jobs? Yes	s □ No □	
If no, what hours are you a	available?				
	law, all person hired will be requiete the required employment eligib				
Education	School Name and Loc	No. of years attende	Did you Graduate?	Subjects Studied	
High School					
College					
Other					
In addition to your work hi	istory, are there other skills, qualifi	cations, or experience w	e should consid	er? 	

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 ${\scriptstyle\square}$ No ${\scriptstyle\square}$ 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 \square No \square Responsibilities Reason for leaving _____ **References:** Give the names of three persons not related to you, whom you have known at least one year. Years Telephone # Address Name 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

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	D	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.

Full Legal Name (include middle initial)	State of Issuance
Driver's License Number	Date of Birth
Signature	Date