



An Equal Opportunity Employer

EMPLOYMENT APPLICATION

PLEASE PRINT

Date: _____

Name: _____
Last First Middle

Business Telephone (_____) _____ Home Telephone (____) _____

Present Address: _____
No . Street City State Zip

Email Address: _____

EMPLOYMENT DESIRED

Position applying for: _____

Are you applying for:

Regular full-time work? Yes No

Regular part-time work? Yes No

Temporary work? Yes No

What days and hours are you available to work? _____

If applying for temporary work, during what period of time will you be available?

Would you be available to work overtime, if necessary? Yes No

If hired, on what date can you start work? _____

Salary or hourly rate desired: _____

PERSONAL INFORMATION

Have you ever applied to or worked for PLOWBOY LANDSCAPES before? Yes No

If yes, when? _____

Do you have any friends or relatives working for PLOWBOY LANDSCAPES? Yes No

If yes, state name(s) and relationship _____

If hired, would you have a reliable means of transportation to and from work? Yes No

Are you at least 18 years old? Yes No

(If under 18, hire is subject to verification that you are of minimum legal age and have a valid student work permit.)

If hired, can you present documentation establishing your legal right to employment in the United States?
Yes No

Are you able to perform the essential functions of the job for which you are applying, with or without reasonable accommodation? Yes No

If no, describe the functions that cannot be performed. _____

(Note: Hire may be subject to passing a medical examination.)

EDUCATION, TRAINING AND EXPERIENCE

School	Name and Address	No. of Years Completed	Did you Graduate?	Degree or Diploma
High School				
College/ University				
Vocational/ Business				

Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work at PLOWBOY LANDSCAPES? If so, please explain:

EMPLOYMENT HISTORY

List below all present and past employment, whether paid or unpaid, starting with your most recent employer (last 10 years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

Name of Employer: _____

Address: _____
 No. Street City State Zip

Type of Business: _____

Telephone No. (____) _____ Your Supervisor's Name _____

Your Position and Duties: _____

Date of Employment: From: _____ To: _____

Reason for Leaving: _____

Name of Employer: _____

Address: _____
 No. Street City State Zip

Type of Business: _____

Telephone No. (____) _____ Your Supervisor's Name _____

Your Position and Duties: _____

Date of Employment: From: _____ To: _____

Reason for Leaving: _____

Name of Employer: _____

Address: _____

No.

Street

City

State

Zip

Type of Business: _____

Telephone No. (____) _____ Your Supervisor's Name _____

Your Position and Duties: _____

Date of Employment: From: _____ To: _____

Reason for Leaving: _____

Name of Employer: _____

Address: _____

No.

Street

City

State

Zip

Type of Business: _____

Telephone No. (____) _____ Your Supervisor's Name _____

Your Position and Duties: _____

Date of Employment: From: _____ To: _____

Reason for Leaving: _____

Name of Employer: _____

Address: _____

No. Street City State Zip

Type of Business: _____

Telephone No. (____) _____ Your Supervisor's Name _____

Your Position and Duties: _____

Date of Employment: From: _____ To: _____

Reason for Leaving: _____

MILITARY SERVICE

Have you obtained any special skills or abilities as the result of military service?

Yes No

If so, describe: _____

REFERENCES

List below three persons not related to you who have knowledge of your work performance within the last three years.

Name: _____

Address: _____

No. Street City State Zip

Occupation _____

Telephone No. (____) _____ Number of Years Acquainted _____

Name: _____

Address: _____
 No. Street City State Zip

Occupation _____

Telephone No. (_____) _____ Number of Years Acquainted _____

Name: _____

Address: _____
 No. Street City State Zip

Occupation _____

Telephone No. (_____) _____ Number of Years Acquainted _____

Please read carefully, initial each paragraph and sign below.

I understand that persons employed at PLOWBOY LANDSCAPES (“Company”) have access to confidential information regarding various phases of the Company business. Therefore, the Company requires new employees, as a condition of employment, to sign a Confidentiality Agreement.

I understand that information concerning competitors’ operations, products, designs or other proprietary information will not be solicited from an applicant for employment, or from the Company’s employees. PLOWBOY LANDSCAPES will honor any valid post-employment restrictions contained in an applicant’s employment contract and fully respects the applicant’s duty of loyalty and non-disclosure to a former employer.

I certify that the information provided herein is correct to the best of my knowledge and belief. I am aware that failure to complete this application, intentional omissions or misstatements may result in refusal of employment or discharge. I authorize the references and contacts listed to provide you with any and all relevant information, personal or otherwise, and I release all parties from all liability for any damages that may result from furnishing the same to you. I understand that offers of employment may be made contingent on the receipt of a satisfactory background check and references.

In consideration of my employment, if hired, I agree to conform to the rules and regulations set forth by PLOWBOY LANDSCAPES in its policies and practices or as directed by management.

I understand that each employee of PLOWBOY LANDSCAPES is an at-will employee unless specifically notified otherwise in writing. That is, I may terminate our employment relationship at any time, for any reason, and the Company has the same right to terminate our employment relationship at any time and for any reason. I understand that this at-will relationship cannot be modified or changed during my employment except by specific written agreement between me and the Company, signed by the CEO.

I understand that if offered employment I will be required to submit to a drug and/or alcohol screen. I further understand that I must successfully pass such a screen as a condition of beginning my employment. If test results are not received until after I start employment, a positive test will result in my termination.

I understand that, if offered employment, I will be required to sign an agreement requiring me to arbitrate almost all claims I might have against the Company in the future. I hereby agree to submit to binding arbitration all disputes and claims arising out of the submission of this application in accordance with the terms of that Agreement.

Signature of Applicant

Date