



Application for Employment

First Name	Middle Name	Last Name	Social Security #	Telephone #
Permanent Address: Street		City	State	Zip

STATEMENT OF POLICY: EMPLOYMENT WITH GREAT LAKES LANDSCAPE SUPPLY COMPANY IS BASED ON INDIVIDUAL MERIT. EMPLOYMENT OPPORTUNITIES ARE OPEN TO ALL, WITHOUT REGARD TO RACE, COLOR, SEX, AGE, MARITAL STATUS, HEIGHT, WEIGHT, RELIGION, NATIONAL ORIGIN, HANDICAP OR VETERAN STATUS.

Instructions to Applicant: The careful and thoughtful completion of this application is an important step in our consideration of individuals for employment. Therefore, you must complete the entire application. If you do not, you will not be considered for employment. Your application must also specify the position you are applying for; stating that you will do “anything” is too indefinite and will result in your application not being accepted by the Company.

Please be further advised that your application will go into our active file for 60 business days from the date of application. In order for you to keep your application current it will be necessary for you to inform our personnel office in writing, prior to the expiration of the 60 day period that you wish to remain on the Company’s active applicant list. If, at the end of the 60 day period, we have not received written notice from you, your name will be taken off the active applicant list and you will not be considered for employment when a vacancy occurs. Should you contact the Company after the 60 day period has expired, you will be treated as a new applicant.

The application provides information which enables us to determine whether an applicant has the interests, background and experience to be given additional consideration for employment. In most cases, circumstances will prevent a preliminary interview; therefore, the conscientious completion of this form is necessary inasmuch as it will supply much of the information normally covered in such a session.

At the appropriate time you will be required to establish your citizenship or, if not a citizen, your eligibility for employment. Please print in ink and use your own handwriting. Use the space on the last page to clarify any response or, if desired, tell us anything else about yourself you believe relevant.

After you have read these instructions and prior to leaving the Company’s personnel office or facilities, please ask the personnel person or manager any questions that you may have. He/she will be happy to answer them for you.

Position Applied for:		Regular		Temporary
		Full-time <input type="checkbox"/>		Full-time <input type="checkbox"/>
		Part-time <input type="checkbox"/>		Part-time <input type="checkbox"/>
Date Available:	Are you willing to work evenings and weekends? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you willing to relocate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you currently on “Lay-off” status and subject to recall? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you previously submitted an application to this company? Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, when and for what position?	Are you prevented for lawfully becoming employed in this country because of visa or immigration status? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Proof of citizenship will be required upon employment.

FORMER EMPLOYERS: List past employers starting with the most recent first. Attach additional sheets of paper or use space at the end of the application if necessary.

Name		Street Address		Telephone #
Supervisor		City	State	Zip
Starting Date	Ending Date	Starting Salary	Ending Salary	
Description of Job Duties and Responsibilities:				
Reason for Leaving:			Are You Eligible for Rehire?	
			Yes <input type="checkbox"/> No <input type="checkbox"/>	

Name		Street Address		Telephone #
Supervisor		City	State	Zip
Starting Date	Ending Date	Starting Salary	Ending Salary	
Description of Job Duties and Responsibilities:				
Reason for Leaving:			Are You Eligible for Rehire?	
			Yes <input type="checkbox"/> No <input type="checkbox"/>	

Name		Street Address		Telephone #
Supervisor		City	State	Zip
Starting Date	Ending Date	Starting Salary	Ending Salary	
Description of Job Duties and Responsibilities:				
Reason for Leaving:			Are You Eligible for Rehire?	
			Yes <input type="checkbox"/> No <input type="checkbox"/>	

Name		Street Address		Telephone #
Supervisor		City	State	Zip
Starting Date	Ending Date	Starting Salary	Ending Salary	
Description of Job Duties and Responsibilities:				
Reason for Leaving:			Are You Eligible for Rehire?	
			Yes <input type="checkbox"/> No <input type="checkbox"/>	

Please explain all gaps in your employment, and, if applicable, why you were unemployed for a period in excess of one month from the time you commenced your most recent job to the present _____

Should we expect to receive any "negative" comments from any of your previous employers? Yes No

If "Yes," explain why: _____

Have you ever been discharged, suspended, or asked to resign from employment? Yes No

If "Yes," explain why: _____

Have you ever been bonded? Yes No

If "Yes," When _____ For Whom _____

EDUCATION:

List below High School, College, and Graduate School attended or other formal, special technical education you have received.

Name	Address	# Of Years	Degree	GPA	Major

Please list any experience or license you have that may be helpful to the job you are applying for. _____

Have you ever been convicted of a crime? (A: Yes" answer will not automatically disqualify you. We will examine the nature of the crime, the date committed, and the relation of the crime to the job(s) for which you are applying.) Yes No

If so, please explain: _____

What foreign languages do you speak? _____

U.S. Military or Naval Service _____ Rank _____

Present Membership in National Guard or Reserves _____

PERSONAL REFERENCES. Other than Relatives or Employers:

Name	Address	Telephone #	Occupation	Years Acquainted

I verify that all of the information given on this application is true, accurate and complete. I understand and agree that any falsification, misrepresentation, misleading statement, or omission of fact on either this Application or during the pre-hire process will be sufficient reason for (1) my not being offered employment or (2) dismissal at any time from the service of the Company if employed.

I authorize my former employers to provide the Company and information regarding my employment and medical records, including and in addition to the above, and I release all parties from any liability for any damages which may result from furnishing such information. I also agree to permit the Company to conduct substance abuse tests and any other background investigative procedures it deems appropriate with respect to my application and, in the event of hire, while employed. I understand a consumer report may be obtained from a consumer reporting agency in connection with this application and, if requested, will be informed of the name and address of the agency. I understand and agree that my employment and compensation is for no definite period and may regardless of the time and manner of payment of my wages and salary be terminated at any time by the Company, with or without cause, and without any previous notice. I also understand and agree that the Company has the right to unilaterally modify and/or terminate any policies, practices, procedures, and standards it has adopted or implemented, to the extent not limited by law. I acknowledge that no Company employee or representative, other than its President, has either the power or authority to enter into any agreement for employment for any specified period of time, or to make any representations or agreements contrary to any of the foregoing, unless that agreement is in writing and signed by the President of the Company.

Signature

Date

FOR OFFICE USE ONLY

Work Location:		Date of Hire:		Federal:	
Job Description:		Employee #		State:	
EM Contact:		Rate:		City:	
EM Contact #		DOB:			