

Gardener's General, Inc.
APPLICATION FOR EMPLOYMENT

**PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE**

Reviewed By: _____

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE ALL PAGES DATE _____

Name _____

Last
First
Middle
Maiden

Present address _____

Number
Street
City
State
Zip

How long at above address _____ Social Security No. ____ - ____ - ____

Phone/Contact #'s Home _____ Cell _____ E-mail _____

If under 18, please list age _____

Position applied for (1) _____ Days/hours available to work
 Salary desired (2) _____ No Preference _____ Thur _____
 (Be specific) Tue _____ Fri _____
 Wed _____ Sat _____
 Sun _____

How many hours can you work weekly? _____ Can you work nights? _____

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

Available start date _____

EDUCATION	NAME OF SCHOOL	Location	Number Years Completed	Major / Degrees
High School				
College				
Trade School				
Other Training				

Computer & other non-construction skills:

Personal Yes PC Calculator Yes
 Computer No Mac No Other skills: _____

Please list two references **other than relatives or previous employers.**

Name _____	Name _____
Company _____	Company _____
Address _____	Address _____
Phone (____) _____ e-mail: _____	Phone (____) _____ e-mail: _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME?

If yes, explain number of conviction(s), nature of offense(s) leading to convictions(s), how recently committed, sentences & type of rehabilitation.

No Yes

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? Yes No

Specialty _____ Date Entered _____ Discharge Date _____

Work Experience

Please list your work experience for the **past ten years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer _____ Address _____ City, State, Zip Code _____ Phone number _____ E-mail _____	Supervisor Name	Dates Employed	Pay or salary
	_____	From _____	Start _____
	_____	To _____	Final _____
Your last job title			

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Name of employer _____ Address _____ City, State, Zip Code _____ Phone number _____ E-mail _____	Supervisor Name	Dates Employed	Pay or salary
	_____	From _____	Start _____
	_____	To _____	Final _____
Your last job title			

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Your last job title			

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

DO YOU HAVE AN ACTIVE DRIVER'S LICENSE?

Yes No

What is your means of transportation to work? _____

Driver's license number _____

State of issue _____

Operator

Commercial (CDL)

Chauffeur

Expiration date _____

Insurance Carrier _____

Have you had any accidents during the past three years? _____ How many? _____

Have you had any moving violations during the past three years? _____ How Many? _____

May we contact your present employer?

Yes No

Did you complete this application yourself

Yes No

If not, why not?

FOR OFFICE USE ONLY:

Interviewed by: _____ Date: _____

Comments: _____

Hired: Yes ___ No ___ Position: _____ Start Date: _____

Starting Pay Rate: _____ Approved: _____

APPLICATION FORM WAIVER

Please Read Carefully

In exchange for the consideration of my job application by Gardener's General, Inc. (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of the Company, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President of the Company. Both the undersigned and the Company may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contact.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as possible testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy.

As terms of my employment with the Company, I give permission for the Company to obtain a copy of my motor vehicle driving record from the State Department of Motor Vehicles, as motor vehicle reports are a necessary part of the underwriting of the Company's commercial automobile policy/program.

I further understand that my employment with the Company shall be probationary for a period of sixty (60) to ninety (90) days, and that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications. *Furthermore, in compliance with federal law, all persons 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.*

Signature of Applicant _____ Date _____

Thank you for completing this application form and for your interest in our business.