



UNITEDLANDSCAPE

729 Bellaire Avenue, Lexington, KY 40508

EMPLOYMENT APPLICATION

United Landscape is an equal opportunity employer and always endeavors to employ the best qualified individual for the job based upon job-related qualifications and regardless of race, color, or creed, sex, national origin, age, handicap or other protected group.

PERSONAL

(PLEASE PRINT)

Name _____ S.S # _____
Last First Middle Initial

Present address: _____
No. Street City State Zip

Email: _____ Cell ph # () _____

How long have you lived at the address? _____ Home ph # () _____

Position applied for: _____ Earnings Expected \$ _____

Do you want to work: Full-time or Part-time (please circle)

Specify days and hours if part-time: _____

How did you learn of this position? _____

If hired: on what date will you be available to work? _____

do you have a reliable means of transportation to get to work? Yes No

do you have a valid drivers license? Yes No

Drivers License #: _____ Date of Birth: _____

(Only to be used for background check on your drivers license)

Are you legally eligible for employment in this country? Yes No

Have you been convicted of a felony in the last seven years? Yes No

Conviction will not necessarily disqualify an applicant from employment.

If yes, please briefly describe the circumstances of your conviction, indicating the date, nature, and place of the offense and disposition of the case. _____

Person to be notified in case of accident or emergency:

Name _____ Relationship _____

Address & Phone Number _____

PRIOR WORK HISTORY

(List in order, last or present employer first, attach additional sheets if necessary)

Dates: From _____ To _____		Rate of Pay: Start _____ Finish _____	
Name, Address and Phone Number of Employer:			
Supervisor's Name and Title:		Reason for Leaving:	
Your Title: _____		Describe in detail the work you did: _____	

Dates: From _____ To _____		Rate of Pay: Start _____ Finish _____	
Name, Address and Phone Number of Employer:			
Supervisor's Name and Title:		Reason for Leaving:	
Your Title: _____		Describe in detail the work you did: _____	

Dates: From _____ To _____		Rate of Pay: Start _____ Finish _____	
Name, Address and Phone Number of Employer:			
Supervisor's Name and Title:		Reason for Leaving:	
Your Title: _____		Describe in detail the work you did: _____	

May we contact the employers listed above? _____ If not, indicate below which one(s) you do not wish us to contact. _____

EDUCATION AND TRAINING

Note: United Landscape, Inc. does not require specific educational levels for employment.

Name of School and Location:

(High School)

Circle Last Year Completed: 1 2 3 4

Did you graduate? Y N

Major Subjects Studied:

General

College Prep

Other _____

Advisor: _____

Name of School and Location:

(College)

Circle Last Year Completed: 1 2 3 4

Did you graduate? Y N

Major Subjects Studied:

Major: _____

Minor: _____

Advisor: _____

Name of School and Location:

(Trade/Business School)

Circle Last Year Completed: 1 2 3 4

Did you graduate? Y N

Major Subjects Studied:

Major: _____

Minor: _____

Advisor: _____

List your specific job skills and machines or equipment you can operate.

PERSONAL REFERENCES

1. _____
Name/Occupation

Address _____ Phone # _____

2. _____
Name/Occupation

Address _____ Phone # _____

3. _____
Name/Occupation

Address _____ Phone # _____

PLEASE READ CAREFULLY **APPLICANT'S CERTIFICATION AND AGREEMENT**

1) I understand and agree that:

a) the information that I have provided is accurate to the best of my knowledge and subject to verification by United Landscape, Inc.

b) a material misrepresentation or deliberate omission of a fact in my application may be justification for refusal of employment or if employed, termination by United Landscape, Inc.

2) I hereby agree to submit to any lawful drug, integrity, or skills testing that may be required as a condition of employment or continued employment and understand that unless otherwise prohibited by law, refusal to submit to such testing during the course of my employment may result in disciplinary action, up to and including discharge. I further agree to submit to search of my person or work area that may be assigned to me, and I hereby waive all claims for damages on account for such examination.

3) Although management makes every effort to accommodate individual preferences business needs at times make the following conditions mandatory: overtime, shift work, a rotating work schedule, or a work schedule other than Monday through Friday. I understand and accept these conditions if employed.

4) I understand that this application is valid for 90 days, I will reapply after that time if I am still interested in employment. I also understand that my employment is terminable-at-will, and that this application is not, and is not intended to be, a contract for continued employment.

Applicant's Signature _____ Date _____

UNITED LANDSCAPE

RELEASE OF DRIVING RECORD

Name

Operator's License Number

Social Security Number

Date of Birth

I hereby authorize United Landscape to access my driving record for the preceding three years or to certify that no record exists if that is the case.

Signature

Date