

## **Employment Application**

|                       |                                   | AIT LICAN       |                    |     | 1011     |        |          |
|-----------------------|-----------------------------------|-----------------|--------------------|-----|----------|--------|----------|
| Full Name:            |                                   |                 |                    |     |          | Date:  |          |
|                       | Last                              | First           |                    |     | MI       |        |          |
| Address:              | Physical Address: Street          |                 | City/To            | wn  |          | State  | ZIP Code |
|                       |                                   |                 |                    |     |          |        |          |
|                       | Mailing Address: Street           |                 | City/To            | wn  |          | State  | ZIP Code |
| Phone:                |                                   |                 | E-mail:            |     |          |        |          |
| Emergency<br>Contact: |                                   |                 | Phone:             |     |          |        |          |
| Position:             |                                   |                 | Date<br>Available: |     |          |        |          |
| ∖re you auth          | orized to work in the U.S.?       | YES NO          |                    |     |          |        |          |
| lave you ev           | er worked for this company?       | YES NO          | If yes, whe        | en? |          |        |          |
| Do you have           | a current, valid driver's license | YES NO          |                    |     |          |        |          |
|                       |                                   | EDU             | CATION             |     |          |        |          |
| High School:          | ·                                 | Addre           | ss:                |     |          |        |          |
| -<br>rom:             | To:                               | Did you graduat |                    | NO  | Diploma: |        |          |
| College:              |                                   | Addre           | SS:                |     |          |        |          |
| _                     | To:                               | Did you graduat | YES 1              | NO  | Degree:  |        |          |
| Other:                |                                   | Addres          | SS:                |     |          |        |          |
| rom:                  | To:                               | Did you graduat |                    | NO  | Degree:  |        |          |
|                       |                                   | REFE            | RENCES             |     |          |        |          |
| Please list ti        | hree professional references.     |                 |                    |     |          |        |          |
| Full Name:            | ·                                 |                 |                    |     | Rolatio  | nehin: |          |
| Company:              |                                   |                 |                    |     |          |        |          |
| Address:              |                                   |                 |                    |     | '        |        |          |

| Full Name: Relationship: Phone: Phone: Address: Relationship: Phone: Address: Prull Name: Relationship: Phone: Phone: Phone: Phone: Phone: Previous EMPLOYMENT   |                     |  |  |  |  |
|--|---------------------|--|--|--|--|
| Company: Phone: Address:  Full Name: Relationship: Phone: Address:  Phone: Phon |                     |  |  |  |  |
| Address:  Full Name: Relationship: Phone:  Address:  PREVIOUS EMPLOYMENT   |                     |  |  |  |  |
| Full Name: Relationship: Phone: Phone: PREVIOUS EMPLOYMENT   |                     |  |  |  |  |
| Company: Address:  Phone: PREVIOUS EMPLOYMENT  |                     |  |  |  |  |
| Address:  PREVIOUS EMPLOYMENT  |                     |  |  |  |  |
| PREVIOUS EMPLOYMENT  |                     |  |  |  |  |
|  |                     |  |  |  |  |
|  |                     |  |  |  |  |
| Company: Phone:  |                     |  |  |  |  |
| Address: Supervisor:   | Supervisor:         |  |  |  |  |
| Job Title: Starting Salary: \$ Ending Salary: \$   |                     |  |  |  |  |
| Responsibilities:  |                     |  |  |  |  |
|  | Reason for Leaving: |  |  |  |  |
| YES NO   |                     |  |  |  |  |
| May we contact your previous supervisor for a reference?   |                     |  |  |  |  |
|  |                     |  |  |  |  |
| Company: Phone:  |                     |  |  |  |  |
| Addrose:   |                     |  |  |  |  |
|  |                     |  |  |  |  |
| Job Title: Starting Salary: Starting Sal |                     |  |  |  |  |
| Responsibilities:  |                     |  |  |  |  |
| From: To: Reason for Leaving:  |                     |  |  |  |  |
| YES NO   |                     |  |  |  |  |
| May we contact your previous supervisor for a reference?   |                     |  |  |  |  |
| DISCLAIMER & SIGNATURE   |                     |  |  |  |  |
| I certify that my answers are true and complete to the best of my knowledge. I authorize an investigation of all statem contained in this application and authorize any of the persons in this application to provide any and all information concerning my previous employment, education or other information, personal or otherwise, with regard to any subject covered by this application. I release all parties from all liability for any damage that may result from furnishing such information to you.   |                     |  |  |  |  |
| If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.  | V                   |  |  |  |  |
| I understand that wages, benefits, and other terms and conditions of employment may change from time to time at the discretion of 3 Lakes Landscape Supply, LLC. without prior notice. I understand that 3 Lakes Landscape Supply reset the right to modify policies at any time, without prior notice.  |                     |  |  |  |  |
| I acknowledge that if I am employed by 3 Lakes Landscape Supply my employment will be at-will, meaning that 3 Lak Landscape Supply is free to terminate my employment at any time, for any reason, with or without cause, and I have same rights. I understand that if I am hired for a seasonal position, I may be required to reapply for future seasons.  |                     |  |  |  |  |
| Signature: Date:   |                     |  |  |  |  |