



APPLICATION FOR EMPLOYMENT

The Southern Landscape Group, Pinehurst, NC

We Are An Equal Opportunity Employer

Applications are received and employees are hired without regard to race, creed, color, sex, religion, age, national origin, marital status, physical or mental handicap, disability, sexual orientation, veteran's status, citizenship status, or any other protected classes under state, local, or country regulations. The receipt of this application does not mean that job openings exist and does not obligate us in any way. We appreciate your interest in our organization.

PLEASE PRINT (All Questions Must Be Answered. Write N/A if Question Is Not Applicable)

Name: _____
Last First Middle

Address: _____
Street City State Zip

Telephone: (_____) _____ Social Security # _____

Date of Birth: _____ Position Applying For: _____

Do you have steady transportation to work? ☐ Yes ☐ No. Can you travel if a job requires it? ☐ Yes ☐ No

Do you hold a valid driver's license? ☐ Yes ☐ No. What state? _____ DL #: _____

Are you legally eligible to work in the United States? ☐ Yes ☐ No DL Expiration Date _____
(Proof of citizenship/immigration status & identity is required upon employment)

Have you ever been convicted of or received a sentence for a crime(s) other minor traffic violations?
(Answering yes is not an automatic bar from employment)

☐ Yes ☐ No If so, state date, court and place where offense(s) occurred _____

Special Skills & Qualifications (Please summarize skills/qualifications from employment or other experiences)

On what date could you start work? _____ How were you referred? _____

EDUCATION INFORMATION:

Name of School	Location	Years Attended	Did You Graduate?

MILITARY SERVICE:

Branch & Serial Number	Present Selective Service Classification	Rank at Discharge
List Duties/Special Training:		

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EMPLOYMENT HISTORY:

Are you employed now? ☐ Yes ☐ No May we contact your present employer? ☐ Yes ☐ No
Are you on layoff and subject to recall? ☐ Yes ☐ No
Have you ever been discharged (fired) or requested to resign from a position? ☐ Yes ☐ No. If yes, please explain _____

Employment: Start with current or last job. Complete work history MUST be provided. Employment "Gaps" must be listed.

Employer:	Dates Employed:	Summary of Work Performed:
Address (Street, City & State)	Phone (Include Area Code)	
Job Title:	Hourly Rate / Salary	
Supervisor:		
Resigned <input type="checkbox"/> Terminated <input type="checkbox"/> Explain reason:		

Employer:	Dates Employed:	Summary of Work Performed:
Address (Street, City & State)	Phone (Include Area Code)	
Job Title:	Hourly Rate / Salary	
Supervisor:		
Resigned <input type="checkbox"/> Terminated <input type="checkbox"/> Explain reason:		

Employer:	Dates Employed:	Summary of Work Performed:
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Job Title:	Hourly Rate / Salary	
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Address (Street, City & State)	Phone (Include Area Code)	
Job Title:	Hourly Rate / Salary	
Supervisor:		
Resigned <input type="checkbox"/> Terminated <input type="checkbox"/> Explain reason:		

AGREEMENT:

The facts submitted in my application for employment are true and complete. I understand that false statements or omission of information on this application or any other employment form may lead to dismissal or denial of employment. You are hereby authorized to make any investigation of my personal history, criminal and motor vehicle records through any investigative agencies or bureaus of your choice. You are also authorized to verify my background. A criminal record or sentence is not an automatic disqualification for employment. I agree to submit to any drug or alcohol testing prior to or after employment and I agree to submit to a medical evaluation, if required.

In exchange for the consideration of my employment application by this company, I hereby release and forever discharge the company (including its directors, officers, employees and agents) and my past and /or present employers (their directors, officers, employees and agents) from any liabilities which may result from an investigation of my past and /or present employment or from the disclosure of such information. I authorize the use of any information in this application to verify my statement, and I authorize the past employers, doctors, all references and any other persons to answer all questions asked concerning my ability, character, reputation and previous employment record.

I understand that if my application is accepted that employment with this company at all times is employment "at will". It is further understood that this "at will" relationship may not be changed by any written document, verbal statements, or by conduct unless such change is specifically acknowledged by an authorized executive of the company. I further understand that my "at will" employment may be terminated at any time by myself or the company and includes no guarantee, contract or promise of employment for any specific length of time. I understand that the first ninety (90) days of employment is a new hire introductory period.

Signature of Applicant

Date

In case of emergency, I authorize you to notify:

Name:	Relationship:
Work Phone ()	Home Phone ()