



GPM Landscape Application Form

Today's Date: _____

Name: _____ Home Phone: _____

Cell Phone: _____ Email Address: _____

Address: _____

City: _____ State & Zip: _____

How were you referred to Company? _____

Employment Information

Position(s) applying for: _____

Employment History (three most recent):

1. Company Name: _____

Years with Company: _____ Position: _____

Supervisor: _____ Number: _____

2. Company Name: _____

Years with Company: _____ Position: _____

Supervisor: _____ Number: _____

3. Company Name: _____

Years with Company: _____ Position: _____

Supervisor: _____ Number: _____

What languages do you speak? English Spanish

How many years' experience do you have with landscape maintenance? _____

What skills or trades do you have related to landscaping?

Date available for work ____ / ____ / ____

What hours are you available for work? _____

Will you travel if job requires it? Yes or No

Salary desired: \$_____

Personal Information:

Have you previously submitted an application to GPM Landscape, Inc.?

Yes or No

If yes, give date(s): _____

Do you have any friends or relatives working here? Yes or No

If yes, give name: _____

Have you ever been employed here before? Yes or No

If yes, give date(s): _____

Reason for leaving: _____

If you are under 18 and it is required, can you provide a work permit?

Y or N

If no, please explain _____

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

Have you ever been convicted of or pled guilty or no contest to a felony (please exclude expunged or sealed convictions)? Yes or No

If yes, please explain below: (Conviction will not necessarily be a bar to employment. Each instance and explanation will be considered in relation to the position for which you are applying.)

| Date of Conviction | Classification of Offense | Title and Description of Charges |
|--------------------|---------------------------|----------------------------------|
| | | |
| | | |

Are you able to perform the essential functions of the job, with or without a reasonable accommodation? Yes or No

Driver's license number if driving is an essential job function:

Number: _____ State: _____

AS AN APPLICANT I UNDERSTAND AND AGREE TO THE FOLLOWING:

GPM Landscape, Inc. ("the Company") does not discriminate in hiring or employment on the basis of race, color, religion, sex, national origin, age disability, veteran status or status within any other protected group. No questions on this application are intended to secure information to be used for such discrimination. Pursuant to the Americans with Disabilities Act, it is the Company's policy to hire qualified individuals with a disability as long as the individual can perform the essential functions of the job, with or without a reasonable accommodation.

In connection with Company's consideration of me for employment, continued employment, promotion or reassignment or as part of an investigation, I understand that the Company or persons acting on its behalf may conduct investigative inquiries into my part of an investigation, I understand that the Company or persons acting on its behalf may conduct investigative inquiries into my background that will include information regarding job reference, personal reference, criminal, consumer credit, driving, and other reports pertaining to me. These inquiries may include personal conversations with persons possessing knowledge relevant to these categories. These background inquiries will be conducted and reports obtained to provide the Company with job-related information regarding my character, general reputation, personal characteristics, work record and characteristics, skills and abilities, education and training, employment and experience, past job performance, reasons for termination of previous employment and other pertinent information.

I hereby consent to the Company, or persons acting on its behalf, obtaining the above stated information, I authorize, without reservation, any person or entity contacted by the company or anyone acting on its behalf to furnish the above-stated information, and I release any such person or entity from any and all liability for furnishing such information. I also release the Company from any and all liability for conducting such an investigation. I understand that I have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of the investigation(s).

In addition to authorizing the release of any information regarding my employment and background, I hereby fully waive any rights or claims that I have or may have against my former employers, their agents, employees and representatives regarding the release of information and release them from any and all liability, claims, or damage that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me.

I authorized the Company or persons acting on its behalf to make these investigations, and to use job-related information obtained in its employment decision, including but not limited to, the truthfulness of my responses to the Company's employment inquiries. I hereby state that all information that I provide on this application and in any interview is true and accurate. I am aware that false statements, misrepresentations of facts, or material omissions may be sufficient to disqualify me for employment, or if employed, may result in my termination.

I have not signed any employment agreement or other agreement which limits the type or job I might accept in the future, or which limits for whom I might work in the future, with any employer by whom I have been employed at any time during the past two (2) years. If a job offer is extended, my initial and continued employment will be conditioned upon execution of agreements, if appropriate, with regard to invention, patent, confidentiality and non-competition. As part of the pre-employment process, I understand that I may be required to submit to a drug test.

If employed, I will be required to provide proof of identity and legal work authorization, and I must meet minimum age requirements of applicable laws. I understand and acknowledge that there have been no oral or written representations made promising or guaranteeing employment or continued employment.

I understand that nothing contained in this application, offer letter, or in the interview process is intended to create an employment contract between the company and me. If I am employed, I have a right to terminate my employment at any time and for any reason. Similarly, the Company may terminate my employment at any time, with or without notice and with or without cause. The Company is an at-will employer. I further understand that no representative of the Company has an authority to enter into any agreement with me for any specified period of time or to guarantee some other benefit, other than the president and any such agreement promotions, pay raises, benefits, reassignments or transfers. Any such assurances must be in writing and signed by the president to be enforceable. This statement applies to the period prior to or after I may be employed.

I understand that my application for employment will be considered active for 60 days. After the expiration of 60 days, and, if I still desire to be considered for employment, it will be necessary for me to complete a new application.

I have read, understand, and agree to the previous statements on this application

Signature of Applicant: _____

Applicants Name: _____ Date: _____

Official Use Only

Employment to start on: _____

*Rate of Pay*_____