

TWIN CITY LANDSCAPE, INC.

"An Equal Opportunity Employer"

"An At-Will Employer"

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, martial or veteran status, the presence of a non-job related medical condition or handicap, or any other legally protected status.

Name: _____ **Phone:** _____ **Date:** _____
 (last) (first) (middle)

Address: _____
 (Number) (Street and P.O. Box) (City and Zip Code)

Social Security # _____ **Are you 18 years old?** _____

Driv. License # _____ **Points** _____

Are you currently employed? _____ **May we contact your employer?** _____

Type of work you are applying for: Full Time _____ Part time _____ Seasonal _____ Temporary _____

Position(s) applying for: _____

Are you currently on "LAY OFF" status and subject to recall? _____

Are you currently drawing unemployment? _____ **If, so for how long?** _____

Are you available on: Fridays _____ Saturdays _____ Sundays _____

Salary/Wage desired: _____ **Date you would be available for work?** _____

Do you carry health insurance? _____ **Company:** _____

Have you been convicted of a felony within the last 7 years? _____

(Conviction will not necessarily disqualify an applicant from employment)

If "YES", please explain: _____

Education	High School	Undergraduate work	Graduate Work
School Name and Location			
Last year of attendance (i.e. fall 1997)			
Circle highest level Completed	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/degree earned			
Describe course of study			

Describe specialized training, skills, extra-curricular activities, honors, etc.: _____

REFERENCES: Give name, address and telephone number of three (3) references who are NOT related to you and are NOT previous employers:

1. _____
2. _____
3. _____

Employment History: Start with you present or last job. Include any job related military service assignments and volunteer activities. You may exclude organizations, which indicate race, color, religion, gender, national origin, handicap or other protected status.

Employer Name: Address: Phone: Supervisors Name: Reason for leaving:	Dates employed: From: To: Starting rate of pay \$ _____ Final rate of pay \$ _____	Work performed:
Employer Name: Address: Phone: Supervisors Name: Reason for leaving	Dates employed: From: To: Starting rate of pay \$ _____ Final rate of pay \$ _____	Work performed:
Employer Name: Address: Phone: Supervisors Name: Reason for leaving	Dates employed: From: To: Starting rate of pay \$ _____ Final rate of pay \$ _____	Work performed:

Employment Application Agreement

I certify that all statements are true and correct to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand and agree that misrepresentation or omission of facts called for is cause for immediate dismissal. In accepting a position with Twin City Landscape, Inc., I fully understand that my employment is not for any definite term and may be terminated at any time with or without cause by either Twin City Landscape, Inc., or by myself.

(Date)

(Signature of Applicant)