



**Sweet Landscapes
Incorporated
Phone 835-7254
Fax (512) 834-0782**

We are an Equal Opportunity Employer
All qualified applicants are considered regardless of race, religion, color, age, sex, marital status, nationality, veteran status or non-disqualifying disability.

Date: _____

- 1. **Position applied for** _____
- 2. **Social Security No.** _____ - _____ - _____
- 3. **Drivers License** State _____ # _____

4. **Date of Birth** _____

5. **Full Legal Name**

 LAST FIRST MI

6. **Address** _____

 CITY STATE ZIP

7. **Phone** Home: (_____) _____ - _____ Other (_____) _____ - _____

8. **Education** **Highest Grade Completed:** _____

Proficiencies / Skills

9. **Reference 1**

 Last Name First Name

 Relationship Phone Number

10. **Reference 2**

 Last Name First Name

 Relationship Phone Number

For purposes of compliance with The Immigration Reform and Control Act, are you legally eligible for employment in the United States?

Yes No. Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed.

CERTIFICATION

I hereby certify that all entries on both sides and attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part to any employment in **Sweet Landscapes**. I understand that all information on this application is subject to verification and I consent to criminal history background and credit checks. I also consent to references and former employers and educational institutions listed being contacted regarding this application. I further authorize the Commonwealth to rely upon and use, as it sees fit, any information received from such contacts. Information contained on this application may be disseminated to other agencies, nongovernmental organizations or systems on a need-to-know basis for good cause shown as determined by the agency head or designee.

Date: _____

Signature: _____

Work Experience: List jobs beginning with your present or most recent employer.

Employer			Duties:
Job Title			
Address			
Phone			
Tenure Years	Hire Date	Leave Date	Reason for Leaving:
Salary Start		Salary End	

Employer			Duties:
Job Title			
Address			
Phone			
Tenure Years	Hire Date	Leave Date	Reason for Leaving:
Salary Start		Salary End	

Employer			Duties:
Job Title			
Address			
Phone			
Tenure Years	Hire Date	Leave Date	Reason for Leaving:
Salary Start		Salary End	

Have you ever been convicted for any violation(s) of law, including moving traffic violations?

Yes No If YES, please provide the following:

Description of offense:

Statute or ordinance(if known): _____ Date of Charge: _____; Date of Conviction _____

County, City, State of Conviction:

APPLICANT'S STATEMENT

(READ CAREFULLY BEFORE SIGNING)

I hereby certify that the foregoing statements are true and correct. I authorize Sweet Landscapes Inc. to investigate my entire work history and verify all data given in the foregoing application and in any resume submitted by me. I understand that any false statements or material omissions will be grounds for denying my application, or for discharging me if discovered subsequent to my employment.

I hereby authorize Sweet Landscapes Inc. to conduct an investigative consumer report on me, as defined in Public Law 91-508, and I understand that if any inquiry is made, more information as to its nature and scope will be supplied upon written request.

I authorize the giving of any information requested by Sweet Landscapes Inc. in conjunction with its investigation of my application, and I release from liability any person who provides information about me to Sweet Landscapes Inc.

I understand and agree that if employed, my employment will be on an "at will" basis; this means that my employment may be terminated at anytime for any reason without notice or cause. I also understand that no one has authority to modify my at-will status verbally.

I agree to submit to a medical or psychological examination whenever requested by the company. I also agree to submit to a urinalysis, blood, or other test to detect the presence of drugs or alcohol whenever requested, and to cooperate in company investigations, including submission to polygraph or lie detector examination, if in the opinion of the company, there is probable cause for such examination.

If hired, I agree to abide by all the safety rules, regulations and policies of the company and any revisions which may be made from time to time. I understand that no manager or supervisor has the power to enter into a verbal contract or employment with me, whether expressed or implied.

Signature: _____

Printed Name:

Date:

NOTE TO APPLICANT

Dear Applicant:

During the coming weeks your application will be reviewed. Your qualifications will be evaluated in accordance with the job requirements for the position for which you have applied. You will be contacted immediately if your qualifications match those needs. If you are not contacted within the next few weeks, you may assume that you were not selected for that position.

We appreciate your interest, but encourage you to refrain from calling us regarding the status of your application.