

APPLICATION FOR EMPLOYMENT

Eisler Landscapes, Inc; The Atrium; Acorn Enterprises

Federal, state and local laws prohibit discrimination in employment because of sex, age, race, color, religious creed, citizenship, marital status, national origin, ancestry, military status or disability.

FOR OUR EMPLOYEE'S SAFETY, WE CONDUCT PRE-EMPLOYMENT & RANDOM DRUG SCREENINGS

Today's Date://				
PERSONAL	Salar Commence of the Commence			
First Name:	Middle Name:	Last N	ame:	<u> </u>
Address:	III			
City: St	rate: Zip	:		
Home Phone Number () Social Security Number:	Work Phone Number			
Position Sought:	would you accept part-time or temporary v	quet Facility work? □	Yes	□ No
Are you either a citizen of the United State States? (You will be required to produce p		ditional offe		
Have you ever been employed by us? If yes, please state when and by what name	e (if different from above):		Yes	□ No
Do you have any friends or relatives employ If yes, please give employee's name(s):	oyed by us?		Yes	□ No
Do you hold a valid drivers license? Do you hold a CDL License? If yes, What	Class?	_	Yes Yes	□ No
To be considered 'qualified under the Ame functions of a job with or without a reasona attachment and answer the following quest have applied with or without an accommod	able accommodation. Please review the att	tached job dons of the po	escription	on and application

Have you ever been convicted of a felony or misdemeanor? If yes explain below.			□ Yes	\square No	
	does not automatically disqualify pplying will be considered.). Or ment upon discovery.				
EMPLOYMENT HIS	TORY (Please list your present	or most rec	ent employer first)		
Dates Employed: From:	То:	Salary Start:	End		
Employer:		Address:			
Supervisor's Name and Title: Phone Number:					
Reason for Leaving:					
Responsibilities:					
			(0-)		
Dates Employed: From:	То:	Salary Start:	End	:	
Employer:	· · · · · · · · · · · · · · · · · · ·	Address:			
Supervisor's Name and Title: Phone Number:					
Reason for Leaving:					
Responsibilities:					
Additional Previous En	nplovers				
Employment Dates From/To	Company and Address		Title or Type of Work	Base Salary	Reason for Leaving

Is there a previous employer you would prefer us not to contact? If so, list here and state reason:

List any skills, special knowledge or training you have that is relevant to the job that you are applying for:

EDUCATION

School Attended	Name	City, State, Zip	Major/Course Of Study	Highest Level Completed	Degree
High School					
College					
Graduate School					
Business/Trade					

Please respond to the questions listed under the type of job for which you are applying

Landscape/Construction Positions:

	Yes	No
Can you consistently lift items weighing up to 80 pounds?		
Can you frequently bend, squat, reach, lift, carry, push and pull items when necessary for your job?		
Have you even operated motorized equipment such as forklifts or backhoes? If yes, please list:		
Can you work handling pesticides, herbicides, paint, solvents?		

Office/Banquet Facility Positions:

	Yes	No
Can you consistently lift items weighing up to 60 pounds?		
Can you work Saturdays, Sundays and evenings if it is a requirement of the position?		

Please Read and Sign Below

I agree to conform to the rules and regulations of the company. My employment may be terminated at any time, at the option of either the company or myself. I understand that no representative has any authority to enter into any agreement for employment for any specific period of time, or make any agreement contrary to the foregoing.

I certify that the answers given by me to all of the questions on this application and any attachments are to the best of my knowledge and belief true and correct and that I have not knowingly withheld any pertinent facts or circumstances. I understand that any omission or misrepresentation of fact in this application, including any criminal conviction, may result in refusal of or separation from employment upon discovery thereof.

I agree that if I am offered employment I will voluntarily submit to a drug-screening test at the time and place requested. I also acknowledge that in the course of my employment I may be asked to submit for cause, random or client required testing in accordance with Eisler Landscapes, Inc. policy and agree to provide necessary sample(s) in order to conduct all pre/post employment testing. I consent to having specimens tested at facilities selected by the company. Further, I certify that any specimen collected from me will be mine and will not be adulterated or altered in any manner. I understand that failure to pass any test may result in the company denying employment, rescinding any offer of employment or, if my employment has begun, immediately terminating my employment.

In connection with your application for employment, we may procure a consumer report on you as part of the process of considering your candidacy as an employee. In the event that information from the report is utilized in whole or in part in making an adverse decision with regard to your potential employment, before making the adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the law.

Please be advised that we may also obtain an investigative report including information as to your character, general reputation, personal characteristics, and mode of living. This information may be obtained by contacting your previous employers or references supplied by you. Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the information requested. Such disclosure will be made to you within 10 days of the date on which we receive the request from you or within 10 days of the time the report was first requested.

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. A copy of these rights is available upon request.

By your signature below, you hereby authorize us to obtain a consumer report about you in order to consider you for employment.

Name:	(please print clearly)
Signature:	



Employment Release Authorization

Please read and complete the following information

- In connection with my application for employment, I understand that an investigative consumer report may be requested that will include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment. I understand that as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about my: worker's compensation injuries, driving record, court record, education, credentials, credit and references.
- II. Medical and worker's compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer reporting agency. If so, I will be notified and given the name and address of the agency or the source with provided the information.
- III. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies including the Minnesota Department of Labor.
- IV. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by the employer or their agent, AVERT, INC or its agent, to furnish the information described in Section I.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all person, agencies, and entities providing information or reports about me from any and all liability arising out of the request for or release of any of the above mentioned information or reports.

out of the request for or release of a	ny of the above mentioned in	ormation or repo	115.
Please print your full name: LA	ST	FIRST	MIDDLE
Please print other names you have u	sed		
Home Address			
City State	Zip Code		
Social Security Number			
Date of Birth			
Sex: Male Fer Race: Asian Bla	nale ack Hispanic	White	Other
Drivers License Number	State Iss	suing License	
Name as it appears on license			
Signature	Today's	Date	
Offi	ice Use Only – Applicant, de	NOT write belo	ow this line
IF REQUIRED, NOTORIZE HERE When using an embossed seal, please		faxing S	Subscribed and sworn before me:
		1	Name
		Ĩ	Date
		ī	Notary Public
		Ī	My commission expires