



APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT
QUESTIONNAIRE
AN EQUAL
OPPORTUNITY EMPLOYER

P.O. Box 1344
Hampton, GA 30228
GreenCareers@ClassicLandscapesGa.com
678-481-3717
770-897-9037 fax

Personal Information

Name (Last Name First) _____

Present Address _____

Phone Number (s) _____

Are you 18 years or older?

Yes No

Are you legally authorized to work in the US?

Yes No

Desired Employment

Position _____

Date you can Start _____

Salary Desired _____

Have you applied to this company before: Yes No

Are you Employed Now?

Yes No

If so, may we inquire of your present employer?

Yes No

Name of last supervisor at this company: _____

Who referred you to this company? _____

How did you find out about this position?

Employment Agency

Website

Friend

State Employment office

College Placement Service

Walk In

Education

School Level

Name and
Location of School

No. of Years
Attended

Year Graduated

High School _____

College _____

Trade, Business
Or Correspondence
School _____

General

Subjects of Special Study, Training or Skills

Hobbies/Free Time Interests

Former Employers

Name of Present or Last Employer _____	
Address _____	
Starting Date _____	Leaving Date _____ Job Title _____
Weekly Starting Salary _____	Weekly Final Salary _____
May we Contact your Supervisor? Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name of Supervisor _____	Title _____ Phone _____
Description of Work	
Reason for Leaving	

Name _____	of _____	Present _____	or _____	Last _____	Employer _____
Address _____					
Starting Date _____	Leaving Date _____		Job Title _____		
Weekly Starting Salary _____	Weekly <input type="checkbox"/>	Final <input type="checkbox"/>	Salary		
May we Contact your Supervisor? Yes <input type="checkbox"/>	No <input type="checkbox"/>				
Name of Supervisor _____	Title _____	Phone _____			
Description of Work					
Reason for Leaving					

Name of Present or Last Employer _____

Address _____

Starting Date _____ Leaving Date _____ Job _____

Weekly Starting Salary _____ Weekly Final Salary _____

May we Contact your Supervisor? Yes No

Name of Supervisor _____ Title _____ Phone _____

Description of Work _____

Reason for Leaving _____

Name of Present or Last Employer _____

Address _____

Starting Date _____ Leaving Date _____ Job _____

Weekly Starting Salary _____ Weekly Final Salary _____

May we Contact your Supervisor? Yes No

Name of Supervisor _____ Title _____ Phone _____

Description of Work _____

Reason for Leaving _____

Name of Present or Last Employer _____

Address _____

Starting Date _____ Leaving Date _____ Job _____

Weekly Starting Salary _____ Weekly Final Salary _____

May we Contact your Supervisor? Yes No

Name of Supervisor _____ Title _____ Phone _____

Description of Work _____

Reason for Leaving _____

Name of Present or Last Employer _____

Address _____

Starting Date _____ Leaving Date _____ Job _____

Weekly Starting Salary _____ Weekly Final Salary _____

May we Contact your Supervisor? Yes No

Name of Supervisor _____ Title _____ Phone _____

Description of Work _____

Reason for Leaving _____

Investigations-Inc

EMPLOYMENT SCREENING SERVICES

www.investigations-inc.net

NOTICE OF INTENT TO OBTAIN AN INVESTIGATIVE CONSUMER REPORT OR CONSUMER REPORT

This notice is to inform me that under the federal Fair Credit Reporting Act, I have the right to make a written request within a reasonable period of time for a complete and accurate disclosure by this potential employer of the nature and scope of the investigation requested. If my application for employment is denied either wholly or partly because of information in a consumer report from a consumer reporting agency, I understand that this potential employer shall so advise me and shall supply me with the name and address of the consumer reporting agency making the report.

CONSENT TO OBTAIN AN INVESTIGATIVE CONSUMER REPORT OR CONSUMER REPORT

In connection with my application for employment with you (Including contract for services), I understand that an investigative background check will be conducted. As part of the investigative background check, investigative consumer reports will be obtained, which contain information as to my character, work habits, performance, and experience along with reasons for termination of past employment from previous employers. I understand that the investigative consumer reports obtained will include criminal records history, motor vehicle records, consumer credit reports, education verification, prior employment verification, workers compensation claims, and other records. Furthermore, I understand that you will be requesting information from various federal, state, local and other agencies which maintain records concerning my past activities relating to my criminal, driving, credit, civil, and other experiences.

By signing below, I acknowledge that I have received and understand the above Notice of Intent to Obtain an Investigative Consumer Report or Consumer Report. I also authorize, without reservation, any party or agency contacted by this potential employer to furnish the above information. I further authorize ongoing procurement of the above investigative consumer report and information at any time during my employment or contract. I also agree that a fax or photocopy of this authorization with my signature be accepted with the same authority as the original.

I hereby consent to your obtaining the above information from Investigations, Inc. or any of their licensed agents. I understand that to aid in the proper identification of my files and / or record the following information, as well as other information, is necessary.

LAST NAME: _____ FIRST NAME: _____

SOCIAL SECURITY # _____ - _____ - _____ DATE OF BIRTH: ____/____/____

DRIVERS LICENSE NUMBER: _____ STATE: _____

PROFESSIONAL LICENSE: _____ LIC.#: _____ STATE: _____

CURRENT ADDRESS: _____

CITY/STATE/ZIP: _____

THE FOLLOWING STATES REQUIRE GENDER AND RACE TO OBTAIN INFORMATION: AL, AR, FL, GA, IA, OR, TX, WL

GENDER: () MALE () FEMALE

RACE: () ASIAN () BLACK () HISPANIC () WHITE () OTHER _____

APPLICANT'S SIGNATURE: _____ DATE: _____

DRUG TESTING CONSENT FORM

In connection with my application for employment with your company (Including contract for services), I understand and agree to undergo substance screening for non-prescribed drugs. I understand that if my test results are positive, I shall not be considered further by your company for employment.

I hereby authorize any physician, laboratory, hospital or medical professional retained by your company for screening purposes to conduct such screening and to provide the results to Investigations, Inc and your company. Furthermore, I release Investigations, Inc., your company, and any person affiliated with your company and any such institution or person conducting the screening, from liability thereof. If hired by the company, I hereby give my consent to any substance testing as may be required by the company and authorize the release of any such test results to Investigations, Inc. and your company. I also agree that a fax or photocopy of this authorization with my signature be accepted with the same authority as the original.

Applicant's signature: _____

Applicant's name: _____

Date: _____

Name of company requesting the screening: _____

Signature of authorized representative: _____

Date: _____

Classic Landscapes, Inc.
PO Box 1344 Hampton, GA 30228
Phone: 678-481-3717 Fax: 770-897-9037

Pointe North Insurance Group

MOTOR VEHICLE REPORT AUTHORIZATION

I _____ understand that the position that I have applied for or currently hold with Classic Landscapes, Inc. is one that requires driving a motor vehicle and that my driving record must be one that is acceptable to Westfield Companies. I hereby give permission to Westfield Companies and Pointe North Insurance Group to order, obtain, hold and review with one another, my individual motor vehicle report (MVR).

NAME OF APPLICANT/EMPLOYEE:

DATE OF BIRTH:

STATE LICENSED IN:

DRIVERS LICENSE NUMBER:

APPLICANT/EMPLOYEE SIGNATURE:

DATE OF SIGNATURE:

WITNESSED BY: