

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 Fi	rst)			
Present Address				
Phone Number (s) _				
Are you 18 years or o	lder?	Are you legally authorized t	to work in the US?	
Yes No]	Yes No		
Desired Employ	<u>nent</u>			
Position		Date you can Start		
Salary Desired		Have you applied to this co	mpany before: Yes	No
Are you Employed No	ow?	If so, may we inquire of you	ır present employer?	
Yes No]	Yes	No	
Name of last supervis	sor at this company:			
Who referred you to	this company?			
How did you find out	about this position?			
Employment	Agency	Website	Friend	
State Employ	ment 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 No May we Contact your Supervisor? Yes Name of Supervisor Title Phone **Description of Work** Reason for Leaving **Employer** Name of Present Last or Address _____ Starting Date _____ Leaving Date _____ Job Title 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 Dat	
Weekly Starting Salary	Weekly Final Salary
May we Contact your Supervisor? Yes	No
Name of Supervisor	TitlePhone
Description of Work	
Reason for Leaving	
Name of Present or Last Employer	
Address	
	te Job
Weekly Starting Salary	Weekly Final Salary
May we Contact your Supervisor? Yes	No
Name of Supervisor	TitlePhone
Description of Work	
Reason for Leaving	

Name of Present or Last Employer			
Address			
Starting Date Leaving Dat		Job	
Weekly Starting Salary	Weekly Final S	alary	
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 Dat		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			

References Below, give the names of three persons you are not related to, whom you have known at least one year. Phone Address Name Years Acquainted **Service Record** No Have you ever served in the U.S. Armed Forces? **Branch of Service** Discharge Date Rank Have you ever been convicted of, plead guilty/no contest to, or had a suspended imposition of sentence for any offence (other than a minor traffic violation)? No Yes If yes, explain (A convictional record will not necessarily exclude you from consideration. This information will be used only for job-related purposes and only to the extent permitted by law.) **Authorization** I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL. "I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION. "I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO

FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE.
"THIS WAIVER DOES NOT PERMIT THE RELEASE OR USE OF DISABILITY-RELATED OR MEDICAL INFORMATION IN A
MANNER PROHIBITED BY THE AMERICANS WITH DISABILITIES ACT (ADA) AND OTHER RELEVANT FEDERAL AND STATE

AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OF. TO MAKE ANY AGREEMENT CONTRARY TO

LAWS."

Date Signature



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:			
TX, WL GENDER: () MALE () FEMALE	AND RACE TO OBTAIN INFORMATION: AL, AR, FL, GA, IA, OF		
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:	

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Pointe North Insurance Group

MOTOR VEHICLE REPORT AUTHORIZATION

1	understand that the position that I have applied for or currently hold
with Classic Landscapes, Inc. is one th	at requires driving a motor vehicle and that my driving record must be
one that is acceptable to Westfield Co	mpanies. 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:	
2	
STATE LICENSED IN:	
Day (see Liesues Nivises)	
DRIVERS LICENSE NUMBER:	
APPLICANT/EMPLOYEE SIGNATUR	
APPLICANT/EMPLOYEE SIGNATUR	
Date of Signature:	
DATE OF SIGNATURE.	
WITNESSED BY:	
WITNESSED DT.	