



Application for Employment

www.lblandscaping.com

Date of Application _____

• Commercial & Residential Landscape Installation & Design

We at LB Landscaping appreciate that you have decided to take the time to fill out this application for employment with us. It is important that all questions be answered completely and accurately. We are an Equal Opportunity Employer, and we comply with all applicable Federal, State and Local laws which prohibit discrimination against qualified applicants and associates on account of race, color, religion, age, sex, national origin, or disability if otherwise qualified. **PLEASE PRINT CLEARLY.**

NOTE: If you need assistance in completing this application because of a disability, we will be happy to assist you.

• Commercial Lawn & Snow Maintenance

PERSONAL INFORMATION

Last Name First Name Middle Name

• Irrigation

Address City, State & Zip Code Driver's License Number

• Pond Installation

() ()
Home Phone Number Work Phone Number Social Security Number

• Commercial Snowplowing

Prior Address (if at present address for less than 5 years) City, State & Zip Code

• Hardscape Design & Installation

Have you ever used another name for work or school? ____ yes ____ no
If yes, please state the name(s) and schools/employers: _____

• Lawn Installation

Have you been employed by LB Landscaping before? ____ yes ____ no

If yes, please give Dates: _____

Location: _____ Position: _____

• Commercial & Residential Sitework and Excavating

Are you 16 or older? ____ yes ____ no If no, list age: _____

Are there any days or times you are *unavailable* for work? ____ yes ____ no

If yes, please indicate the days/times: _____

Date you are available to begin work: _____ Position applying for: _____

Are you willing to work Weekends? ____ yes ____ no Overtime? ____ yes ____ no

Are you planning to engage in other work while in our employ? ____ yes ____ no

If yes, please list the place of employment as well as the nature of the work and hours: _____

How much money do you need to make on a weekly basis? _____

Have you ever been fired from another job? ____ yes ____ no

If yes, please explain: _____

Do any of your relatives work for LB Landscaping? ____ yes ____ no

If yes, please specify: _____

Are you a member of the Military Reserves? ____ yes ____ no

If yes, please describe the requirements of your time as well as the hours: _____

PLEASE READ THE FOLLOWING CAREFULLY AND SIGN BELOW

I declare that I am qualified to perform all duties of the position I am seeking. I also declare that the information I have provided on this application is correct and that any false statements or omissions will justify my rejection or dismissal. I authorize LB Landscaping to: (1) contact any of my previous employers as well as any reference source to verify the facts and information that I have furnished regarding my qualifications and character; (2) obtain information from law enforcement and other governmental agencies, military authorities, and private companies; (3) obtain information from educational institutions concerning my educational record, conduct, and skills; (4) authorize LB Landscaping to perform a Department of Motor Vehicles License Records Check. It is understood that this search may reveal information that can, and may, be used by your employer for the purpose of determining employment eligibility, termination, or disciplinary action as determined by them, as it pertains to and may effect their insurance premium and or policy underwriting eligibility. The authorizing party hereby agrees to indemnify and hold harmless LB Landscaping, Inc., it's officers and employees from and against any and all claims, demands, actions, suits, and proceedings by others against all liability to others, including but not limited to any liability for damages by reason of or arising out of any cause or action whatsoever, and against any loss, cost, expense or damages resulting therefrom, arising from or involving any negligence on the part of the authorizing party in the execution of this department of motor vehicles check.

I authorize any person(s) having knowledge to provide such information to LB Landscaping, and release from liability and agree to hold harmless any person that furnishes such information in good faith. If I am employed, I agree to abide by LB Landscaping's rules, procedures, and policies as modified from time to time, including any drug-free work place policies.

If I am employed, I understand that I will be asked to sign a Federal I-9 form and provide positive proof of my identity and verification of my right to live and work in the United States. Finally, I understand that this is only an application for employment and neither an offer or contract of employment and no part of this application shall be construed as an offer of employment or an employment contract.

Signature

Date

Printed Name