



12157 West Linebaugh Ave. Suite 406, Tampa, FL 33626

Employment Application Form

PLEASE COMPLETE ALL PAGES

Date _____

Name _____
Last First Middle

Present address _____
Number Street City State Zip

Date of Birth _____ (If under 18) Social Security No. _____ - _____ - _____

Telephone (____) _____ Alt. Phone: (____) _____

Position applied for: _____ Days/hours available to work
No Pref _____ Thur _____
Mon _____ Fri _____
Wage desired: _____ Tue _____ Sat _____
Wed _____ Sun _____

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

When available for work? _____ Do you smoke? Yes No

Are you a citizen of the United States? Yes No If no, are you authorized to work in the U.S.? Yes No

Education

High School attended: High School? College / University Business / Trade School Other (specify):
Did you graduate? Did you graduate? Did you graduate?
 Yes No Yes No Yes No

Criminal Record

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

Driving Record

DO YOU HAVE A VALID DRIVER'S LICENSE? Yes No

ARE YOU PROFICIENT AT PULLING A TRAILER? Yes No Somewhat

What is your means of transportation to work? _____

Driver's license number _____ State of issue _____ Operator Commercial (CDL)
Expiration date _____

Have you had any accidents during the past three years? Yes No How many? _____
Have you had any moving violations during the past three years? Yes No How Many? _____

Landscape Experience

Describe landscaping experience (i.e. lawn installations, irrigation, maintenance, pruning, planting, retaining walls, etc.)

Describe equipment you are familiar with.

Work Experience Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From	Start
		To	Final
Your last job title			
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

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List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

May we contact your present employer? Yes No

References				
Full Name	Company	Position	Relationship	Phone

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Insignia Landscape (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Gilliland Landscape or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the owner of the Company. Both the undersigned and Gilliland Landscape may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for possible pre-employment testing as well as random and /or periodic testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I further understand that my employment with the Company shall be probationary for a period of thirty (90) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of applicant _____ **Date:** _____

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.