



"An Equal Opportunity Employer"  
& "Drug Free Workplace"

414 Muskingum Drive  
Marietta, OH 45750  
Phone: 740-373-1639  
Fax: 740-373-1135  
Athens: 740-589-5000

Contracting

## Application for Employment

Date: \_\_\_\_\_

[www.greenleaflandscapes.com](http://www.greenleaflandscapes.com)

### Personal Information

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_ Apt. # / P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone # - (Day time) \_\_\_\_\_

Do you possess a valid driver's license? Yes \_\_\_ No \_\_\_ License # \_\_\_\_\_ State: \_\_\_\_\_

CDL License? \_\_\_ Yes \_\_\_ No Class? \_\_\_\_\_ How long? \_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_ Explain: \_\_\_\_\_

In case of emergency contact: \_\_\_\_\_ Phone # \_\_\_\_\_

Are you over the age of 18? Yes \_\_\_ No \_\_\_ - Legally permitted to be employed in this country? Yes \_\_\_ No \_\_\_

### Employment Desired

Position Applying for: \_\_\_\_\_  
✓ (Check your first choice)  
Full time? \_\_\_\_\_ Part time? \_\_\_\_\_ Temporary (seasonal)? \_\_\_\_\_

Have you applied here before? Yes \_\_\_ No \_\_\_ When? / /

Have you worked here before? Yes \_\_\_ No \_\_\_ When? / / Supervisor Name: \_\_\_\_\_

If so, what was your reason for leaving? \_\_\_\_\_

Are you currently employed? Yes \_\_\_ No \_\_\_ On layoff status? Yes \_\_\_ No \_\_\_ To be recalled?(When?) \_\_\_/\_\_\_/\_\_\_

What date are you available to start work? \_\_\_/\_\_\_/\_\_\_ Can you travel out of town if your job requires it? Yes \_\_\_ No \_\_\_

Can you work; Overtime? \_\_\_\_\_ Weekdays? \_\_\_\_\_ Evenings? \_\_\_\_\_ Saturdays? \_\_\_\_\_ Sundays? \_\_\_\_\_

What times **can't** you work? \_\_\_\_\_

Other employment information? \_\_\_\_\_

Do you know anyone who currently works at Greenleaf? \_\_\_\_\_ If so, Who? \_\_\_\_\_

Referred by: Friend \_\_\_ Employee \_\_\_ If so, Who? \_\_\_\_\_ Walk-in \_\_\_\_\_

Employment Agency \_\_\_ School \_\_\_ Newspaper Ad \_\_\_ Other \_\_\_\_\_

### References - (list professional references such as supervisors, managers, teachers, customers, etc.)

(Name)	(Phone)	(Company/Title)	(Yrs. Known)
1.			
2.			
3.			

# Greenleaf Landscapes, Inc.

## Education

High School: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Graduate? Yes No

College: \_\_\_\_\_ Major: \_\_\_\_\_ Completed Years: \_\_\_\_\_ Degree? \_\_\_\_\_

Trade, Business or Other Certifications (from training): \_\_\_\_\_

✓  
Military Service? \_\_\_\_\_ Branch: \_\_\_\_\_ Honorable discharge? \_\_\_\_\_ Other \_\_\_\_\_

Present Membership in Active Reserves? \_\_\_\_\_

## Skills

♦ As a requirement for certain landscaping work and job, are you able to lift, with reasonable accommodation, 50 lbs. on a regular basis? Yes \_\_\_\_\_ No \_\_\_\_\_

**Trade Skills** - (list) Apprenticeships, trade skills, career schooling other skills: \_\_\_\_\_

Builders Trades (professional only): \_\_\_\_\_

Specialized Skills: \_\_\_\_\_

## Office / Computer Skills (✓ all that apply)

Windows Software \_\_\_\_\_ Word Processing \_\_\_\_\_ Spreadsheet \_\_\_\_\_ Other \_\_\_\_\_

Calculator \_\_\_\_\_ Typewriter \_\_\_\_\_ Cash Register \_\_\_\_\_ Other \_\_\_\_\_

## Equipment Skills

✓  
Chain Saws \_\_\_\_\_ BobCats \_\_\_\_\_ Dump Truck \_\_\_\_\_ with Trailer? \_\_\_\_\_ Welder \_\_\_\_\_

Hand Tools, Power tools (list): \_\_\_\_\_

## Landscape Skills

✓  
Can you measure? Yes \_\_\_ No \_\_\_ Perform elevations? Yes \_\_\_ No \_\_\_ Read layouts and drawings? Yes \_\_\_ No \_\_\_

If so, When/Where did you use these skills last? \_\_\_\_\_

List other landscape experience? \_\_\_\_\_

Where did you learn these skills & how long ago? \_\_\_\_\_

Have you supervised employees? Yes No Explain experience in supervision: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE – (APPLICANT - SEE NEXT PAGE)**

INTERVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

REMARKS: \_\_\_\_\_

NEATNESS: \_\_\_\_\_ ABILITY: \_\_\_\_\_

HIRED: YES \_\_\_ NO \_\_\_ POSITION: \_\_\_\_\_ DEPT. \_\_\_\_\_ START DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

SALARY / WAGE \$ \_\_\_\_\_ PER \_\_\_\_\_ APPROVED BY (MANAGER): \_\_\_\_\_

# *Greenleaf Landscapes, Inc.*

## Work History - List the last 3 of Employers below (last one first)

<b>Employer Name:</b>			<b>Dates Employed</b>		<b>Work Performed</b>
<b>Address:</b>			<b>From</b>	<b>To</b>	
<b>City:</b>	<b>State:</b>	<b>Zip:</b>			
<b>Supervisor:</b>		<b>Phone:</b>			
<b>Job Position:</b>			<b>Hourly Rate/Salary</b>		
<b>Description of Business:</b>			<b>Starting</b>	<b>Final</b>	
<b>Reason For Leaving:</b>					

<b>Employer Name:</b>			<b>Dates Employed</b>		<b>Work Performed</b>
<b>Address:</b>			<b>From</b>	<b>To</b>	
<b>City:</b>	<b>State:</b>	<b>Zip:</b>			
<b>Supervisor:</b>		<b>Phone:</b>			
<b>Job Position:</b>			<b>Hourly Rate/Salary</b>		
<b>Description of Business:</b>			<b>Starting</b>	<b>Final</b>	
<b>Reason For Leaving:</b>					

<b>Employer Name:</b>			<b>Dates Employed</b>		<b>Work Performed</b>
<b>Address:</b>			<b>From</b>	<b>To</b>	
<b>City:</b>	<b>State:</b>	<b>Zip:</b>			
<b>Supervisor:</b>		<b>Phone:</b>			
<b>Job Position:</b>			<b>Hourly Rate/Salary</b>		
<b>Description of Business:</b>			<b>Starting</b>	<b>Final</b>	
<b>Reason For Leaving:</b>					

<b>Other Experience:</b>

***Greenleaf Landscapes, Inc.***  
***“An Equal Opportunity Employer”***  
***“Drug-Free Workplace”***

**Applicant Authorization to Release Information**

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It is the policy of the Company to provide equal opportunity in employment to all employees and applicants regardless of race, religion, color, sex, age, national origin, disability or military status and no person will be discriminated against, in employment decisions. Additionally, no information will be requested or discussed that reflects any protected characteristic information of individuals for the purposes of hiring, promoting or transferring candidates for positions within the company.

I authorize Greenleaf Landscapes, Inc. and its representatives to contact any company, institution or individual it deems appropriate to investigate my employment history, work performance, character qualifications, attendance records, driving record and any other job related information within the law.

I give my full consent for all contacted persons including former employers to provide the information requested according to the above stated policy and concerning this application. I waive my rights to bring any cause of action against these individuals for any and all liability for damages arising from furnishing the requested information to Greenleaf Landscapes, Inc.

\_\_\_\_\_  
*Signed*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Name (Print)*

\_\_\_\_\_  
*Driver' License # - State (if applicable)*

# *Greenleaf Landscapes, Inc.*

## Equal Employment Opportunity Policy

It is the policy of Greenleaf Landscapes and all divisions thereof, that applications for employment are recruited selected and hired on the basis of individual merit and ability with respect to positions being filled and potential for promotions or transfer which may not be expected to develop. Applicants are to be recruited selected and hired without discrimination because of race color religion, sex, age, national origin handicap or disability.

In addition, personnel procedures and practices with regard to training, promotion, transfer, compensation, demotion, lay-off or termination are to be administered with due regard to job performance experience and qualifications and without discrimination because of race, color, religion, sex, age, national origin, handicap or disability.

I certify that all information contained in this application is true, complete and correct, to the best of my knowledge, and I understand that any material omission misrepresentation, or falsification of information, is grounds for dismissal from or refusal of, employment. I hereby authorize the investigation of all statements contained in this application.

I also hereby authorize Greenleaf Landscapes, Inc. to prepare or cause to be prepared an investigative report that may include information as to my character, general reputation, personal characteristics, and mode of living which will be based upon interviews with my neighbors, friends and associates. Upon my written request, the type, complete nature and scope of the investigation will be disclosed. If employment is denied either wholly or partly because of an adverse investigative report, I understand that I will be advised of the facts including the name and address of the reporting company.

I authorize the references given in this application and through other means to give you all information within the scope of this policy concerning my previous employment and pertinent information they may have, personal and otherwise and I release all parties from liability for any damages that may result from furnishing my information to you.

It is my understanding that if hired, my continued employment would be contingent upon my adhering to the rules, regulations, policies and procedures in effect and failure to do so can result in termination without notice.

I further understand that if hired, failure on my part to carry out my customary duties as requested and instructed by supervision can result in my termination, and management is under no obligation to provide employment to me for a specified time.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Terms of Employment

I, the undersigned, state that all information given by me in this application is true to the best of my knowledge. I authorize Greenleaf Landscapes, Inc. (hereafter called company) to verify such information and to contact any reference given by me. Should I be employed by the company, I agree to the following:

1. My employment shall be in accordance with the terms of (A) this application, (B) company rules, regulations and policies and any amendments thereto, and, (C) any applicable employment agreement. The company shall reserve the right to amend, modify or revoke its policies, rules and regulations at any time with or without notice. I will familiarize myself with such policies, rules and regulations, and will abide and be bound now, and hereafter, in effect.
2. I understand that if employed, I am an "Employee at Will" and my employment may be terminated by the company, at any time, with or without cause or notice. The company's only obligation is to pay wages or salaries earned by me to the date of termination. Without limitation, failure to abide by company policies, rules or regulations, failure to pass any company physical examination and the falsification of any information given by me in application will entitle the company to terminate my employment.
3. I will submit to medical examinations or testing by a physician appointed by the company at such time(s) as it may request and I will submit to such examination before making any claim against the company for injuries suffered in connection with my work.
4. I agree that employment may be contingent upon my meeting all placement considerations including medical requirements.
5. All right, title and interest including without limitation, all copyrights and patents, in and to any material produced or inventions developed by me which affect or relate to the company's business shall vest in the company, and I shall have no personal right, title or interest whatsoever therein.
6. If any injury to me or death in connection with my employment shall be subject to workers' compensation laws, I waive for myself and in my behalf, all actions against the company for damages for such injury or death and agree to accept the applicable compensation award provided by the laws of the state in which I am working at the time of such injury or death.
7. The company shall have the right at any time after the termination of my employment to furnish to others information my employment record with the company including the information contained in this application.
8. I agree not to disclose any of the company's trade secrets or other confidential or restricted information and not to make use of such trade secrets or confidential or restricted information in any fashion during employment or after my employment with the company is terminated.

I also understand that falsification of this information in connection with employment will be grounds for immediate termination of when such falsification is discovered.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# *Greenleaf Landscapes, Inc.*

## **DRUG/ALCOHOL TESTING CONSENT FORM**

The Company has a policy prohibiting the use, possession, distribution or sale of intoxicants, illegal and unauthorized drugs, narcotics, "look-a-like" drugs and drug paraphernalia while on Company property or on Company business. In order to ensure compliance with the Company's prohibition concerning the above substances, employees are required and as a condition to employment to cooperate in breath alcohol testing and drug urinalysis procedures. Such tests will be performed on the following basis:

- A. Pre-hire
- B. Reasonable Suspicion
- C. Post-Accident
- D. Random (CDL or Company)
- E. Project Requirement
- F. Return-to Duty
- G. Follow-up Testing

In accordance with this policy, any employee refusing to submit to such a test as stipulated by this policy will be subject to termination of employment. In the event that such tests should reveal an amount of any drug, intoxicant, narcotic or other substance as outlined in this policy, the individual will be subject to corrective action up to and including termination.

I, the undersigned employee of Greenleaf Landscapes, Inc. do acknowledge that I have received a copy of the Drug-Free Workplace Policy. I have been afforded the opportunity to ask questions about the Policy and all such questions have been answered to my satisfaction. I understand that compliance with this Policy, including authorization of any/all urine and/or breath testing described in the Policy, now and in the future, shall be an ongoing condition of my employment by the Employer. I understand that a violation on my part of the rules set forth by this Policy shall result in corrective action up to and including termination of my employment. I further agree to hold the Company, its agents, directors, officers and employees harmless from any and all liability in connection with or results from the testing for drug and/or alcohol content.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date of Consent

\_\_\_\_\_  
Print Employee's Name