



*“An Equal Opportunity Employer”
& “Drug Free Workplace”*

414 Muskingum Drive
Marietta, OH 45750
greenleaflandscapes.com

Phone: 740-373-1639
Athens: 740-589-5000
Fax: 740-373-1135

Application for Employment

Garden Center

Date: _____

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? # _____ State: _____

CDL License? Yes No What 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 (Circle) Garden Center / Landscape / Marietta / Athens

✓ (Check your first choice)

Position Applying for: _____ **Full time?** _____ **Part time?** _____ **Temporary (seasonal)?** _____

Have you applied here before? _____ When? _____

Have you worked here before? _____ When? _____ Supervisor Name: _____

If so, what was your reason for leaving? _____

Are you currently employed? _____ On layoff status? _____ Subject to recall? _____ When? _____

On what date are you available to start work? _____

Can you travel if your job requires it? _____

Do you possess a valid drivers license? _____ A CDL License? _____ If so, what Class? _____

Can you work; Overtime? Weekdays? _____ Evenings? _____ Saturdays? _____ Sundays? _____

What times **can't** you work? _____

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. Acquainted)
1.			
2.			
3.			

Greenleaf Landscapes, Inc.

Education

High School: City: State: Subjects Studied:

College: Major: 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 the job, are you able to lift, with reasonable accommodation, 50 lbs. on a regular basis?

Yes ____ No ____

Retail Store Skills

✓

Cash Register Calculator Credit Card Machine Customer Service

Telephone System Store Displays Sales Skills Training Other

Computer Skills? Windows Software? Internet? Other

Greenhouse and Garden Center and/or Landscaping Experience

✓

Trees Shrubs Perennials Annuals Water Gardens Herbs

Landscape Design Herbicides Pesticides State Horticulture Certifications?

Equipment Skills

✓

BobCat (forklift) Dump Truck Deliveries

Hand Tools, Power tools (list):

Other Related Skills

✓

Can you read layouts and drawings? Design Lawn & Garden Layouts?

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

List other Garden Center, Retail or Landscape experience?

Where did you learn these skills?

Other:

Greenleaf Landscapes, Inc.

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

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

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

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

Other Experience:

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

Applicant Authorization to Release Information

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