

OOLTEWAH NURSERY AND LANDSCAPE CO., INC.5829 MAIN STREET OOLTEWAH, TN 37363
TELEPHONE(423)238-9775 FAX(423)238-6894**TENNESSEE DRUG FREE WORKPLACE**This company
participates in
E-verify**Employment Application**

Equal access to programs, services, and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

PERSONAL BACKGROUND

(please print)

NAME: LAST		FIRST	MI	SOCIAL SECURITY NO:	
ADDRESS				HOME TELEPHONE	
CITY		STATE/ZIP		WORK TELEPHONE	
If you are under 18, can you furnish a work permit if required? [] YES [] NO			If no, explain		
Have you the legal right to work in the U.S.? [] YES [] NO			Date available for work	Desired salary	
Hire is subject to verification that applicant meets legal age and U.S. work permit requirements.					
Position applied for:				Date of application	
Referral source [] Advertisement [] Employee [] Relative [] Govt. Employ. Agency [] Walk-in [] Private Employ. Agency [] Other _____				Name of source (if applicable)	
Have you ever submitted an application here before? [] YES [] NO				If yes, give date(s) and position(s)	
Have you ever been employed here before? [] YES [] NO			If yes, give dates, position, supervisor		
Type of employment desired [] Full time [] Part time [] Temporary [] Seasonal [] Educ. Coop./Internship					
Will you relocate if job requires it? [] YES [] NO			Will you travel if job requires it? [] YES [] NO		
Will you work overtime if required? [] YES [] NO			If no, please explain.		
Are you willing to work evenings, weekends, or holidays if required? [] YES [] NO				Have you ever been bonded? [] YES [] NO	
If applying for a position which requires you to drive on the job, please complete the following:					
Do you possess a valid driver's license? [] YES [] NO		Has your license ever been restricted, suspended, or revoked? [] YES [] NO		Driver's license no:	
Are you able to lift 50 lbs.? [] YES [] NO		Are you able to stand for extended periods of time? [] YES [] NO			

EMPLOYMENT HISTORY

Provide the following information on your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in the Comments section below.

Employer	Telephone ()	Dates Employed From	To	Summarize the type of work performed and job responsibilities
Address				
Starting job title/final job title		Hourly Rate/Salary Starting		
Immediate supervisor and title		\$	Per	
Reason for leaving		Hourly Rate/Salary Final		
May we contact for reference? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$	Per	
Employer	Telephone ()	Dates Employed From	To	Summarize the type of work performed and job responsibilities
Address				
Starting job title/final job title		Hourly Rate/Salary Starting		
Immediate supervisor and title		\$	Per	
Reason for leaving		Hourly Rate/Salary Final		
May we contact for reference? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$	Per	
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May we contact for reference? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$	Per	
Employer	Telephone ()	Dates Employed From	To	Summarize the type of work performed and job responsibilities
Address				
Starting job title/final job title		Hourly Rate/Salary Starting		
Immediate supervisor and title		\$	Per	
Reason for leaving		Hourly Rate/Salary Final		
May we contact for reference? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$	Per	

FORM 1-09

Comments (including explanation of any gaps in employment)

Education Background

Names & Locations of High Schools, Colleges, Universities, Special Programs	Diploma/Degree Earned	Graduation Date	College Major	College Minor	Grade Pt. Avg.

Additional Information

List professional, trade, business or civic associations to which you belong, including any offices held. You may exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran, or any other similarly protected status.

Organization	Offices Held

References

List name and telephone number of three business/work related references who are not related to you. If not applicable, list three school or personal references who are not related to you.

Name	Relationship	Telephone	No. years known

Special Accomplishments, Publications, Awards

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran, or any other similarly protected status.

Any other information you would like us to consider:

Applicant Statement and Authorization to Release Records

By my signature below, I certify that all information I have provided in this application is true, complete, and correct.

I understand that any information provided by me that is found false, incomplete, or misrepresented in any respect, will be sufficient cause to (1) cancel further consideration of this application, or (2) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, Ooltewah Nursery & Landscape Co. Inc., its representatives, employees, or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities, and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I understand that the information supplied by me regarding my: employment history, education, credit history, criminal history, medical and professional licensing, motor vehicle record(s), residence history, and references may be utilized as part of the processing procedures. A background check may be conducted to verify the veracity of the information submitted and will be utilized to develop information concerning my character, general reputation, personal characteristics, and mode of living.

I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering, and using such information in the employment process and all other persons, corporations, or organizations for furnishing such information about me.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing assigned by the employer's president.

I also understand that, if I am hired, I will be required to provide proof of identity and legal authority to work in the United States, and that federal immigration laws require me to complete an I-9 form in this regard.

I also understand that the information I list on the I-9 form will be used to start a case in the E-Verify program whereby my information will be electronically verified with the Social Security Administration (SSA) and with the Department of Homeland Security (DHS) systems.

I certify that I have read, fully understand, and accept all terms of the foregoing Applicant Statement.

Signature

Date