



EMPLOYMENT APPLICATION

Full Legal Name: _____ Date: _____
FIRST MIDDLE INITIAL LAST

Position Applying for: _____

1. Have you ever worked for Landcare Group, Inc. before? _____ If so, how long ago? _____

2. Are you subject to any non-compete, non-solicitation, or non-disclosure agreements with any past or present employers? YES NO If yes, you will need to provide us with a copy of any and all such agreements. AGREED

Such agreement(s) prohibit you from being employed by an employer that provides what type of services?

3. Have you ever been convicted of a felony? _____ If so, how long ago? _____ In what state? _____

Please explain: _____

4. Please describe any experience you have pertaining to this position: _____

5. Are you working now? _____ Why did you leave your last job? _____

6. Would you allow us to contact your previous employer for a reference? _____

Employer: _____ Your Position: _____ Dates: _____

Supervisor's Name: _____ Phone: _____

7. Do you have reliable transportation? _____ Do you have a valid drivers' license? _____

8. Any at fault accidents or speeding tickets in the past 4 years? _____

9. Is there any medical condition or illness that would prevent you from performing the duties of this position?

10. How much are you looking for per hour? _____ When could you start work? _____

11. Do you have any questions about the position or our company? _____

BACKGROUND AUTHORIZATION FORM

In order to maintain the safety of our customers, employees and property, and to confirm the information obtained from you, **Landcare Group, Inc.** will request a background check in connection with your employment application, and in case you are hired or already employed by the Company.

I, _____, expressly consent to the above organization obtaining information about me. The background report may contain information on but is not limited to Social Security number verification; criminal, public, educational, and, where applicable, driving record checks; previous employment verification; reference checks, licenses, and certifications; credit reports; drug test results; and if applicable, workers' compensation injuries.

Public and private record sources may be used to obtain information, including personal interviews with your associates, friends, and neighbors.

I understand that this background check is necessary if I wish to meet all the criteria for employment with Landcare Group, Inc. and that a successful background check is not a guarantee of employment. I also understand that I have the right, upon written request within a reasonable time-frame, to request a copy of my background report.

Employee Signature: _____ Date: _____

Please fill in the following info about yourself.

First Name: _____ Middle: _____ Last: _____

Any Other Last Names Used (Unmarried/ Maiden Name, etc.): _____

Email Address: _____

Address: _____
(Street) (Apt.)

(City) (State) (Zip)

Home Phone Number: (_____) _____ Cell: (_____) _____

Driver's License Number: _____ State _____ Expiration date: _____

Date of Birth: _____ Soc. Security #: _____