

Application for At-Will Employment

KM Landscaping, Inc. is an equal opportunity employer and will not discriminate against any application on the basis of any characteristic that is protected by state or federal law.

KM Landscaping, Inc. is an At-Will Employer meaning that either the employer or employee can end the employment relationship at any time and for any or no reason.

Position Applied For: _____ **Date of Application:** ____/____/____

Start Date: ____/____/____ Please note: Application will only remain active for 6 months, after which you will need to reapply. **Is there any hours or days of the week you cannot work?** Yes or No
If yes, when?

Name: (Last) _____, (First) _____, (Middle) _____

Physical Address: _____ (City) _____ (State) _____ (Zip) _____

Phone: (____) _____ - _____ **Cell:** (____) _____ - _____ **Email:** _____

Social Security Number: _____ - _____ - _____ **Are you 18 or older?** Yes or No **DOB:** ____/____/____

Desired Pay: \$ _____ **Type of Employment:** Full Time or Part Time

Currently Employed: Yes or No **If yes, where:** _____

Have you ever applied to KM Landscaping before? Yes or No
If yes, when: _____ **Under what name:** _____

Graduated from High School: Yes or No **If no, GED:** Yes or No

College: Yes or No **Number of years:** _____ **Graduate:** Yes or No

Specialized Training: Yes or No **If yes, in what?** _____

Are you lawfully entitled to be employed in the United States: Yes or No

Have you ever been convicted of a crime? (Other than minor traffic violation.) Yes or No

(This does not necessarily disqualify you from being hired, it is generally for tax purposes. We do run background checks, dishonesty could result in termination of employment if hired. This question pertains only to convictions that have not been sealed or expunged.)

If yes, state the citation, date and place offense occurred:

Please provide any additional information such as special skills, training, management experience, equipment operation, or qualifications you feel will be helpful to us in considering your application.

References: List three individuals, not related to you, whom you have known for at least one year.

Name Address/Phone Relationship Years Known

1) _____
2) _____
3) _____

Emergency Contact

Name: _____ Relationship: _____

Phone: (_____) _____ - _____ Address: _____

Current and Former Employers (Most recent first.)

(If you have a resume with this information, attach resume.)

Name of Company Job Title Start/End Date Reason for Leaving

Driving History

Valid Drivers License: Yes or No If yes, State: _____ Number: _____ Expiration: ____/____/____

List all states from which you have held a driver's license and the dates held:

Has our driver's license, permit or privileges ever been suspended, revoked or canceled: Yes or No

State(s)

Date(s)

Reason(s)

Ever been denied a driver's license, permit or privilege to drive by a government agency or employer: Yes or No

State(s)

Date(s)

Reason(s)

Ever been charged with any traffic-related offenses: Yes or No

State(s)

Date(s)

Reason(s)

Names of all employers for whom you have operated a commercial motor vehicle in the past 10 years:

In the past two years, have you:

Had an alcohol test result of 0.04 alcohol concentration or greater: Yes or No

Had a verified positive controlled substance test result: Yes or No

Refused to take an alcohol or drug test: Yes or No

Please read the following statement carefully before signing to indicate your understanding:

I understand that if I receive a conditional job offer, and prior to beginning employment, I may be requested to undergo a pre-employment medical examination. In the event that I have a disability that will affect my ability to take the test, I will inform KM Landscaping prior to the administration of the test so that a reasonable accommodation can be made. KM Landscaping reserves the right to require medical documentation regarding the need for accommodation.

I certify that the facts contained in the application are true and complete to the best of my knowledge and understand that if employed, falsified statements on the application may result in termination.

I understand and agree that, if hired, my employment is AT-WILL. THIS MEANS THAT IF HIRED, EITHER KM LANDSCAPING OR MYSELF CAN END THE EMPLOYMENT RELATIONSHIP AT ANY TIME AND FOR ANY OR NO REASON.

I authorize investigation of all statements contained in the application for any employment-related purpose. I release the listed references and all employers to provide you with any and all applicable information they may have. I hereby release these references and former employers from all liability for any information they may give to KM Landscaping, including but not limited to any defamation claims I may now have or will have against them.

Date: ____/____/____

Signature: _____

FOR EMPLOYER USE ONLY

Interviewed By: _____ Date: ____/____/____ Hired: Y or N

Starting Date: ____/____/____ Position: _____ Wage: \$_____

REVIEW DATES

45 Day: ____/____/____ 90 Day: ____/____/____

NOTES: _____

Online applications can be emailed to
courtney@kmlandscaping.com

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courtney@kmlandscaping.com

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