

The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, gender, religion, or national origin. The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age but less than 70. TITLE I employment provision of the Americans With Disabilities Act of 1990 prohibits discrimination against qualified individuals with disabilities job application procedures.

Instructions

Please clearly PRINT the application in BLUE ink. DO NOT TYPE, USE PENCIL, OR BLACK INK. ANSWER ALL QUESTIONS; if a question does not apply, write "Not Applicable" or "N/A." You may include a resume or other job related document as a supplement to this application. However, you should also provide all information requested on the application. Please do not staple supplements. If additional space is needed, please include your name and social security number to all sheets. **Email your application to info@PersonalTouchLandscapingFL.com or fax to 239-369-3062**

HOW DID YOU HEAR ABOUT US

- | | |
|--|--|
| <input type="checkbox"/> Newspaper _____ | <input type="checkbox"/> Radio _____ |
| <input type="checkbox"/> Career Center _____ | <input type="checkbox"/> Website _____ |
| <input type="checkbox"/> Employee Referral _____ | <input type="checkbox"/> Flier _____ |

PERSONAL INFORMATION

DATE: _____

Name: _____

SS#: _____ - _____ - _____

Address: _____

City: _____ Zip: _____

Phone #: _____

Alternate Phone#: _____

ADDITIONAL INFORMATION

1. Are you legally eligible for work in the US? yes no
2. Are you at least 18 years old? yes no
3. Have you worked for us before? yes no If yes, when? _____
4. List any friends or relatives working for us: _____
5. Have you ever had adjudication withheld, been arrested or convicted or pled nolo contendere (no contest) to a felony or misdemeanor? yes no If yes, provide date of offence, location (county and state), type of offense, and disposition (i.e. probation, fine, ect.): _____

(NOTE: conviction does not automatically disqualify you from consideration of employment. The nature and date of the conviction, and the position for which you are applying will be considered)

EDUCATION/TRAINING/EXPERIENCE

School	Name & city	Major	Graduated?	Courses
High School			___ Yes ___ No	
College			___ Yes ___ No	
Trade/Business/ Vocational School			___ Yes ___ No	

Describe any other experiences, skills, or qualifications which you think could be helpful in work for the company: _____

EMPLOYMENT

List ALL employment for the past 3 years.

1. Employer: _____ Dates Employed: _____
Address: _____ City, State, Zip: _____
Phone #: _____ Supervisor: _____
Job Title: _____ Salary: start- \$ _____ per _____ end- \$ _____ per _____
Duties: _____
Reason for leaving: _____

2. Employer: _____ Dates Employed: _____
Address: _____ City, State, Zip: _____
Phone #: _____ Supervisor: _____
Job Title: _____ Salary: start- \$ _____ per _____ end- \$ _____ per _____
Duties: _____
Reason for leaving: _____

3. Employer: _____ Dates Employed: _____
Address: _____ City, State, Zip: _____
Phone #: _____ Supervisor: _____
Job Title: _____ Salary: start- \$ _____ per _____ end- \$ _____ per _____
Duties: _____
Reason for leaving: _____

BUSINESS REFERENCES

Name: _____ Phone #: _____

Address: _____

Name: _____ Phone #: _____

Address: _____

Name: _____ Phone #: _____

Address: _____

Are you currently employed? Yes No

May we contact your employer? Yes No

Rate of Pay Expected: \$ _____ per _____

FOR DRIVER OF COMPANY VEHICLE

Drivers Licenses held in past 3 years must be shown	State	License No.	Class	Endorsement(s)	Exp.

- A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? _____
- B. Has any license, permit, or privilege ever been suspended or revoked? _____
- C. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations?
If yes, please explain: _____

ACCIDENT REVIEW FOR PAST 3 YEARS (attach separate sheet of paper if more space is needed)

Dates	Nature of accident (Head-On, Rear-End, Overturn, etc.)	Fatalities	Injuries
Last accident		Yes No	Yes No
Next previous		Yes No	Yes No
Next previous		Yes No	Yes No

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS OTHER THAN PARKING

City, State	Date	Charge	Penalty

Applicants Acknowledgement and Authorization
(Please read carefully and initial next to each statement)

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by A&G Eisner Enterprises, LLC. that such employment is "at-will", for no specified duration and may be terminated by either A&G Eisner Enterprises, LLC. or myself at any time, with or without cause. I understand that none of the documents, policies, procedures, actions, statements of A&G Eisner Enterprises, LLC. or its representatives that will be used during the employment process is deemed to be a real or implied contract of employment.

Initial _____

Authorization for Release: A&G Eisner Enterprises, LLC. is hereby authorized to make investigations as to my character, employment record, criminal record, credit history, or matters as may be deemed necessary in arriving at an employment decision. I hereby authorize former employers, law enforcement agencies, and other agencies and institutions to release employment, financial, criminal, and other types of background information to A&G Eisner Enterprises, LLC., and release these parties from all liability for any damage whatsoever that may ensue from furnishing such information.

Initial _____

I agree to voluntarily consent to any lawfully administered applicable drug, alcohol and/or physical examinations and other employment-related tests.

Initial _____

I understand that this application is considered current for 30 days. If I wish to be considered for employment after this period I must complete and submit a new application.

Initial _____

Applicant Certification: I have read and understood the instructions and certify that all answers and statements herein contained are true to the best of my knowledge. I understand that falsification of information on this application, related employment papers, and during all interviews may result in rejection of my application and, if employed, may result in disciplinary action up to and including termination of employment. I acknowledge that I am at least eighteen (18) years old.

Initial _____

Signature of Applicant: _____ Date: _____

Los solicitantes de Reconocimiento y Autorización
fDcf'ZJ cfz'YUWt b'W JXUc' mdcbyf'gi'g'JbJWUYg'U''UXc'XY'WUXU'XYWU'UWYU'CB''

Entiendo que la presentación de una aplicación no garantiza el empleo. Además, entiendo que en caso de una oferta de trabajo se extenderá por A & G Eisner Enterprises, LLC. que tales el empleo es "a voluntad", ya que ningún período especificado y puede ser denunciado por cualquiera de A & G Enterprises Eisner, LLC. o yo mismo, en cualquier momento, con o sin causa. Entiendo que ninguno de los documentos, políticas, procedimientos, acciones, declaraciones de A & G Eisner Enterprises, LLC. o es representantes que se utilizará durante el proceso de empleo se considera que es un contrato real o implícita del empleo.

iniciales _____

Autorización para la Divulgación: A & G Eisner Enterprises, LLC. Se autoriza a realizar las investigaciones en cuanto a mi carácter, historial de empleo, antecedentes penales, historial de crédito, o asuntos que sean se considera necesario para llegar a una decisión de empleo. Por la presente autorizo a ex empleadores, los organismos policiales y otros organismos e instituciones para liberar el empleo, financiera, tipos penales y de otro tipo de información de antecedentes a A & G Eisner Enterprises, LLC., y la liberación estas partes de toda responsabilidad por cualquier daño que puedan derivarse del suministro de tales información.

iniciales _____

Estoy de acuerdo en consentir voluntariamente a cualquier fármaco administrado legalmente aplicable, alcohol y / o física exámenes y otras pruebas relacionadas con el empleo.

iniciales _____

Estoy de acuerdo que entiendo que esta aplicación se considera vigente por 30 días. Si deseo ser considerado para empleo después de este período, debo completar y presentar una nueva aplicación.

iniciales _____

Certificación del aplicación: He leído y entendido las instrucciones y certifico que todas las respuestas y declaraciones aquí contenidas son verdaderas a lo mejor de mi conocimiento. Entiendo que la falsificación de la información en esta solicitud, relacionada documentos de empleo, y durante todas las entrevistas pueden resultar en el rechazo de mi aplicación y, si se emplea, puede resultar en acción disciplinaria hasta e incluyendo la terminación del empleo. Reconozco que tengo por lo menos dieciocho (18) años de edad.

iniciales _____

Firma del solicitante: _____ Fecha: _____