



# Application for Employment

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We are an Equal Opportunity Employer and fully subscribe to the requirements of Equal Employment Opportunity. Applications and employees are considered for hire, promotion and job status without regard to race, color, religion, creed, sex, marital status, national origin, age, physical or mental disability or veteran status.

Full Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_  
Address, City, State, Zip: \_\_\_\_\_  
Best Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Date Available to Start: \_\_\_\_\_ Salary Desired: \_\_\_\_\_  
Are you over 18 years old?  Yes  No \_\_\_\_\_  
How did you learn about us? \_\_\_\_\_

Have you ever worked for this company?  Yes  No If yes, when? \_\_\_\_\_  
Are you legally eligible for employment in the United States?  Yes  No (If offered employment, you will be required to provide documentation to verify eligibility)  
Type of employment desired:  Full-Time  Part-Time  Temporary  Seasonal  
Are you able to perform the essential job functions of the position for which you are applying with or without reasonable accommodation?  Yes  No  
Driver's license number: \_\_\_\_\_ State: \_\_\_\_\_  
Have you ever pleaded guilty, no contest, or been convicted of a crime?  Yes  No  
If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

A criminal record or conviction will not automatically bar employment, but will be considered only as it reasonably relates to your fitness to perform in the position for which you are applying.

### Summarize Your Skills and Experience:

\_\_\_\_\_  
\_\_\_\_\_

### Education:

School Name: \_\_\_\_\_ Location: \_\_\_\_\_  
Years Attended: \_\_\_\_\_ Degree Received: \_\_\_\_\_ Major: \_\_\_\_\_  
  
School Name: \_\_\_\_\_ Location: \_\_\_\_\_  
Years Attended: \_\_\_\_\_ Degree Received: \_\_\_\_\_ Major: \_\_\_\_\_

### Professional Licenses or Memberships:

Type of License(s) Held: \_\_\_\_\_  
State License Number: \_\_\_\_\_ License Expiration Date: \_\_\_\_\_  
Other Professional Memberships: \_\_\_\_\_

### Skills:

Microsoft Word:  Microsoft Excel:  Microsoft PowerPoint:  Other: \_\_\_\_\_

### References:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Previous Employment (begin with most recent position)

Dates of Employment: From \_\_\_ / \_\_\_ / \_\_\_ To \_\_\_ / \_\_\_ / \_\_\_

Position(s) Held: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Starting Salary and Title: \_\_\_\_\_

Ending Salary and Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer for a reference?  Yes  No

Dates of Employment: From \_\_\_ / \_\_\_ / \_\_\_ To \_\_\_ / \_\_\_ / \_\_\_

Position(s) Held: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Starting Salary and Title: \_\_\_\_\_

Ending Salary and Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer for a reference?  Yes  No

Dates of Employment: From \_\_\_ / \_\_\_ / \_\_\_ To \_\_\_ / \_\_\_ / \_\_\_

Position(s) Held: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Starting Salary and Title: \_\_\_\_\_

Ending Salary and Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer for a reference?  Yes  No

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize Evans Landscaping, Inc. and its affiliates ("Evans") to verify their accuracy and to obtain reference information on my work performance. I hereby release Evans from any and all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information. I understand that to falsify information is grounds for refusing to hire me or for discharge should I be hired.

I understand that all employees, regardless of their classification or position, are employed at an at-will basis.

This Application for Employment is valid for 30 days only. Consideration for employment afterwards requires a new application.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

DISCLOSURE UNDER  
FAIR CREDIT REPORTING ACT  
AND  
CONSENT TO PROCUREMENT OF  
CONSUMER REPORT  
FOR  
EMPLOYMENT PURPOSES

The undersigned hereby authorizes \_\_\_\_\_  
name of employer

or its insurance agency AssuredPartners NL, or its assigns, to obtain copies of  
consumer reports, including a motor vehicle report, pertaining to me for employment  
purposes, and for use in rating and/or underwriting insurance for which the above-  
named employer may apply, and any renewal thereof. I understand that in obtaining  
such consumer reports, a consumer reporting agency may be used, and I do hereby  
authorize such use.

Dated: \_\_\_\_\_ Signed: \_\_\_\_\_

\_\_\_\_\_  
Print Name

Date of Birth: \_\_\_\_\_

Drivers License #: \_\_\_\_\_

State Licensed In: \_\_\_\_\_

Transport Passengers (If applicable): \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ N/A

Years experience (If applicable): \_\_\_\_\_



Pre-Employment Screening Request

Evans Landscaping  
Tonya Murphy  
513-272-9851

(PLEASE PRINT)

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

SSN: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Driver's License No. & State: \_\_\_\_\_

\*Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Current County of Residence: \_\_\_\_\_

\* Date of birth is used for identification only. Not for employment purposes.

List ALL Convictions. This section **MUST** be completed. *If no convictions, please write "None."*

Charge	Conviction Date	Disposition

I hereby authorize the release of information by any parties regarding my previous employment, record of convictions for violations of any federal, state, or local laws and/or ordinances, my credit history by credit bureau organizations and my driving record.

I understand my prospective employer intends to use this background investigation for employment purposes only, and shall not disclose said information to any other party.

I hereby authorize Cost Control Services to release the results of their investigation of my background to my prospective employer.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

(For office use only)	
Requesting: <input type="checkbox"/> National Criminal (All Available Records)	<input type="checkbox"/> Ohio Driving Record