



EMPLOYMENT SCREENING FORM

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE				
APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS				
Name:			Date:	
Last	First	Middle		
Present Address:				
Number	Street	City	State	Zip
How Long at this address:			Social Security No.:	
Telephone:		Date of Birth:		
Employment Desired:				
<input type="checkbox"/> FULL-TIME ONLY <input type="checkbox"/> PART-TIME ONLY <input type="checkbox"/> FULL- OR PART-TIME				
EDUCATION & OTHER INFORMATION				
TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NO. OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

WORK EXPERIENCE	
Landscape or related Construction Experience	<input type="checkbox"/> Yes <input type="checkbox"/> No
Masonry or Concrete Experience	<input type="checkbox"/> Yes <input type="checkbox"/> No
Plumbing or Electrical Experience	<input type="checkbox"/> Yes <input type="checkbox"/> No
Special Certifications or Training	<input type="checkbox"/> Yes <input type="checkbox"/> No
Personal Computer <input type="checkbox"/> Yes <input type="checkbox"/> No PC Mac <input type="checkbox"/> <input type="checkbox"/>	Other Skills:

EMPLOYMENT HISTORY	Please list your work experience for the past five years beginning with your most recent job. Complete the information below with most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.		
Job One			
Name of Employer:	Name of Last Supervisor	Employment Dates	Salary
Complete Address:		From:	Start:
		To:	Final:
Phone Number:	Your Job Title:		
Reason for Leaving (be specific):			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
Job Two			
Name of Employer:	Name of Last Supervisor:	Employment Dates	Salary
Complete Address:		From:	Start:
		To:	Final:
Phone Number:	Your Job Title:		
Reason for Leaving (be specific):			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
Job Three			
Name of Employer:	Name of Last Supervisor:	Employment Dates	Salary
Complete Address:		From:	Start:
		To:	Final:
Phone Number:	Your Job Title:		
Reason for Leaving (be specific):			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
May we contact your present employer?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Did you complete this application yourself?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			

MILITARY EXPERIENCE			
Have you ever been in the armed forces? <input type="checkbox"/> Yes <input type="checkbox"/> No		Branch:	
Are you now a member of the National Guard? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Date Entered:	Discharge Date:	Duty Title/Specialty:	Type of Discharge:

CRIMINAL HISTORY	
Have you ever been convicted of a crime? <input type="checkbox"/> No <input type="checkbox"/> Yes	
If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.	

DRIVER HISTORY	
Driver License#	<input type="checkbox"/> Operator <input type="checkbox"/> Commercial (CDL)
State of issue:	Expiration date:
Have you had any motor vehicle accidents? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how many?

It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed. Furthermore, I understand that I am free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without prior notice. I understand that no representative of the employer has the authority to make any assurance to the contrary.

I give the employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability, the employer and its representatives for seeking such information and all other persons, corporations, or organizations for furnishing such information.

Applicant Signature: _____ **Date:** _____

APPLICATION FORM WAIVER

PLEASE READ CAREFULLY

In exchange for the consideration of my job application by Four Seasons of Georgia, LLC (hereinafter called “the Company”), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Four Seasons of Georgia, LLC, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and Four Seasons of Georgia, LLC may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of my employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

As a condition of employment, I understand that I must provide a certified copy of my current DMV record. If I fail to provide a certified copy of my current DMV record, the Company will obtain a certified copy, and all costs associated with the procurement of said record will be deducted from first (1st) payroll period.

I understand that, in connection with routine processing of the employment application, the Company may contact other state and federal agencies as needed. Any costs associated with these background investigations will be borne by applicant and deducted in the (1st) pay period.

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of Applicant:

Date:

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for taking the time to complete this screening and for your interest in our company.

