

AMERICAN LANDSCAPE, INC.

APPLICATION FOR EMPLOYMENT

PERSONAL

Drivers License No.: _____ Expiration Date: _____ Do you have transportation to work? ___ YES ___ NO
(If you are employed as a driver, you must bring a current MVR (Motor Vehicle Report) with you prior to beginning work. Your employment is contingent upon a good driving record)

Do you have the Legal Right to work in the U.S.? ___ YES ___ NO (Proof of citizenship immigration Status will be required if you are offered employment. We participate in E-verify)

Have you ever applied at or worked for American Landscape before? ___ YES ___ NO
Date applied: _____ Dates of Employment: _____
From To Company

Do you have friends or relatives working at American Landscape? ___ YES ___ NO If so, who? _____

Have you ever been convicted of a felony? ___ YES ___ NO If YES, please explain and give dates of conviction(s). Such conviction(s) may be relevant if job-related, but does not bar you from employment)

When are you available to start work: _____ Can you work overtime if required? ___ YES ___ NO

Salary Requirement \$ _____ Type of Employment desired? Full Time ___ Part-time ___ Temporary ___ Seasonal ___

Will you relocate if required? ___ YES ___ NO Will you travel if required? ___ YES ___ NO

Short statement as to Professional Ambition: _____

BUSINESS REFERENCES

Please list three people we may contact regarding your work capabilities and experience (do not list relatives):

Name/Address Business Relationship Telephone Years Known

Three horizontal lines for entering business references.

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EMPLOYMENT HISTORY
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Give employment record for the past seven years as completely as possible, listing current or most recent employer first. Show any unemployed or self-employed periods. Use extra sheet if necessary.

Company Name	Address	Telephone
Job Title & Basic Duties: _____		

Dates of Employment:	From: _____	To: _____
Rate of Pay: \$ _____	per _____	Reason for Leaving: _____
Supervisor's Name _____	May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Company Name	Address	Telephone
Job Title & Basic Duties: _____		

Dates of Employment:	From: _____	To: _____
Rate of Pay: \$ _____	per _____	Reason for Leaving: _____
Supervisor's Name _____	May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Company Name	Address	Telephone
Job Title & Basic Duties: _____		

Dates of Employment:	From: _____	To: _____
Rate of Pay: \$ _____	per _____	Reason for Leaving: _____
Supervisor's Name _____	May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	

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EDUCATIONAL BACKGROUND

School Name/Address of School Years Completed
High School
College
Other
Degrees Received: Honors or Awards:
Foreign Languages that you: Speak Read Write

ACKNOWLEDGEMENT

I declare that all statements I have made in this application are true and correct to the best of my knowledge. I understand that I will be subject to dismissal if any statement is found to be untrue. I authorize investigation of all statements contained in this application.
I understand this application is not a guarantee of employment. I further understand that any employment offered to be by American Landscape does not constitute a form of contract either implied or expressed, and that such employment may be terminated at will by either me or my employer upon notice of one party to the other. My continued employment is dependent upon satisfactory performance and the continued need for my services as determined solely by American Landscape.
I acknowledge that I have read and understand the above statements.

Signature Date

PLEASE DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

Interviewed by: Date:
Comments:

This Employer Participates in E-Verify



This employer will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization.

IMPORTANT: If the Government cannot confirm that you are authorized to work, this employer is required to provide you written instructions and an opportunity to contact SSA and/or DHS before taking adverse action against you, including terminating your employment.

Employers may not use E-Verify to pre-screen job applicants or to re-verify current employees and may not limit or influence the choice of documents presented for use on the Form I-9.

In order to determine whether Form I-9 documentation is valid, this employer uses E-Verify's photo screening tool to match the photograph appearing on some permanent resident and employment authorization cards with the official U.S. Citizenship and Immigration Services' (USCIS) photograph.

If you believe that your employer has violated its responsibilities under this program or has discriminated against you during the verification process based upon your national origin or

citizenship status, please call the Office of Special Counsel at 1-800-255-7688 (TDD: 1-800-237-2515).

NOTICE:

Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States.

Employment Verification.  Done.

For more information on E-Verify, please contact DHS at:
1-888-464-4218



FORMERLY U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

Este Empleador Participa en E-Verify



Este empleador le proporcionará a la Administración del Seguro Social (SSA), y si es necesario, al Departamento de Seguridad Nacional (DHS), información obtenida del Formulario I-9 correspondiente a cada empleado recién contratado con el propósito de confirmar la autorización de trabajo.

IMPORTANTE: En dado caso que el gobierno no pueda confirmar si está usted autorizado para trabajar, este empleador está obligado a proporcionarle las instrucciones por escrito y darle la oportunidad a que se ponga en contacto con la oficina del SSA y o el DHS antes de tomar una determinación adversa en contra suya, inclusive despedirlo.

Los empleadores no pueden utilizar E-Verify con el propósito de realizar una preselección de aspirantes a empleo o para hacer nuevas verificaciones de los empleados actuales, y no deben

restringir o influenciar la selección de los documentos que sean presentados para ser utilizados en el Formulario I-9.

A V I S O:

La Ley Federal le exige a todos los empleadores que verifiquen la identidad y elegibilidad de empleo de toda persona contratada para trabajar en los Estados Unidos.

A fin de poder determinar si la documentación del Formulario I-9 es válida o no, este empleador utiliza la herramienta de selección fotográfica de E-Verify para comparar la fotografía que aparece en algunas de las tarjetas de residente y autorizaciones de empleo, con las fotografías oficiales del Servicio de Inmigración y Ciudadanía de los Estados Unidos (USCIS).

Si usted cree que su empleador ha violado sus responsabilidades bajo este programa, o ha discriminado en contra suya durante el proceso de verificación debido a su lugar de origen o condición de ciudadanía, favor ponerse en contacto con la Oficina de Asesoría Especial llamando al 1-800-255-7688 (TDD: 1-800-237-2515).

Employment Verification  Done.

Para mayor información sobre E-Verify, favor ponerse en contacto con la oficina del DHS llamando al:

1-888-464-4218



DESIGNED BY A MEMBER OF THE SSA AND DHS

IF YOU HAVE THE RIGHT TO WORK, Don't let anyone take it away.



If you have a legal right to work in the United States, there are laws to protect you against discrimination in the workplace.

You should know that -

No employer can deny you a job or fire you because of your national origin.

Unless mandated by law or government contract, employers cannot require you to be a U.S. Citizen or permanent resident or refuse any legally acceptable documents.

If any of these things have happened to you, you may have a valid charge of discrimination that can be filed with the OSC. Contact the OSC for assistance in your own language.

Call 1-800-255-7688. TDD for the hearing impaired is 1-800-237-2515.

In the Washington, D.C., area, please call 202-616-5594, TDD 202-616-5525

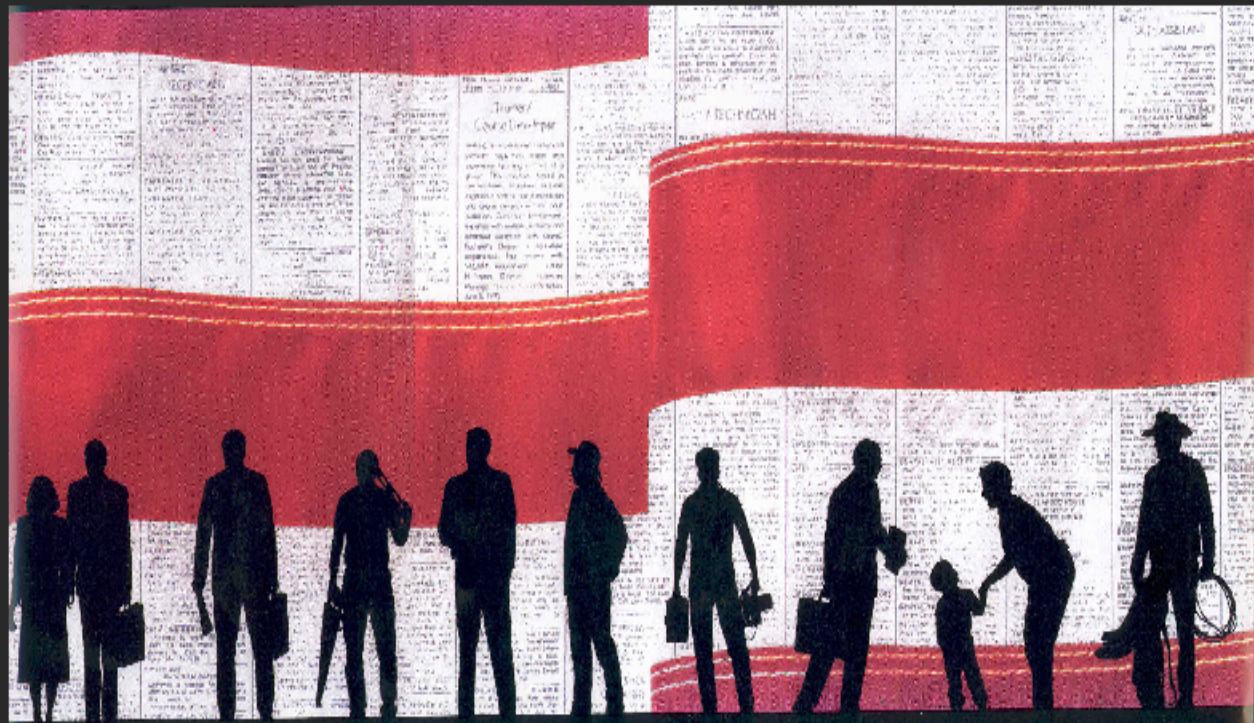
Or write to:
U.S. Department of Justice
Office of Special Counsel - NYA
950 Pennsylvania Ave., N.W.
Washington, DC 20530

**U.S. Department of Justice
Civil Rights Division**

Office of Special Counsel for
Immigration-Related Unfair
Employment Practices



SI USTED TIENE DERECHO A TRABAJAR, no deje que nadie se lo quite.



Si tiene derecho a trabajar legalmente en los Estados Unidos, existen leyes para protegerlo contra la discriminación en el trabajo.

Debe saber que –
Ningún patrón puede negarle trabajo, ni puede despedirlo, debido a su país de origen o su condición de inmigrante.

En la mayoría de los casos, los patrones no pueden exigir que usted sea ciudadano de los Estados Unidos o residente permanente o negarse a aceptar documentos válidos por ley.

Si se ha encontrado en cualquiera de estas situaciones, usted podría tener una queja válida de discriminación. Comuníquese con OSC para obtener ayuda en español.

Llame al 1-800-255-7688. La línea telefónica para personas con problemas de audición, es 1-800-237-2515. En Washington, D.C., llame al 202-616-5594, o al 202-616-5525 (personas con problemas de audición), o escriba a la Oficina del Consejero Especial, División de Derechos Civiles, P.O. Box 27728, Washington, DC 20038-7728.

Departamento de Justicia
De los Estados Unidos,
División de Derechos Civiles

Oficina del Consejero Especial

