



Gasper Landscapes, Inc. Gasper Home & Garden Showplace Outdoor Living, Inc.

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state or federal law. Equal access to employment, services and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

NAME AND ADDRESS INFORMATION			
Last Name:	First Name:	Middle Name:	Date:
Address:	City:	State/Zip:	
Home:	Cell Number:	How were you referred to us:	

POSITION INFORMATION		
Position Applying For:	Pay Expected:	Date You Could Start:
Check Hours You Are Available to Work (check all that apply):		
<input type="checkbox"/> Full	Do you have any objection to working overtime if necessary: _____	
<input type="checkbox"/> Part time	Do you have any objection to working weekends: _____	
If you are under 18, can you furnish a work permit _____		

POSITION REQUIREMENTS
The following job description may or may not be relevant to your position:
<ul style="list-style-type: none"> • Heavy Lifting • Driving - Refer to the Driving Addendum • Working with Heavy Equipment

EMPLOYMENT HISTORY	Please provide all employment information beginning with THE MOST RECENT of your past 3 employers. If you have a resume, do not fill out this section just attach your resume to this Application.
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(1) Employer:	Position Held:
Address:	Direct Supervisor Name & Contact Telephone #:
Dates Employed: From: To:	Salary:
Job Summary:	
Reason for Leaving:	

(2) Employer:	Position Held:
Address:	Direct Supervisor Name & Contact Telephone #:
Dates Employed: From: To:	Salary:
Job Summary:	
Reason for Leaving:	

(3) Employer:	Position Held:
Address:	Direct Supervisor Name & Contact Telephone:
Dates Employed: From: To:	Salary:
Job Summary:	
Reason for Leaving:	

Educational History
List school name and location, years completed
High School:
College:
Technical Training:
Other:

IMPORTANT! PLEASE READ BEFORE SIGNING

Completeness and Accuracy of Information

I represent that all of the information given to me in support of my application for employment is true and complete. I understand that any false, omitted or misleading information submitted during the application process will disqualify me from consideration for hire. If I have already been hired before the falsification or omission is discovered, my employment will be terminated. Information not specifically requested on the application will render the employment application unacceptable.

Authorization for Release of Information and Release from Liability

I acknowledge that a routine inquiry may be made which will provide applicable information concerning my character, general reputation, personal characteristics, and mode of living. I authorize you to verify any of the information given during the application process with appropriate individuals, companies, institutions, or agencies and I authorize them to release such information as you require, including my prior disciplinary employment records, criminal background, past employment, and education. In accordance with the Fair Credit Reporting Act (FCRA) and other applicable regulations, I have a right to the nature and scope of any investigation report that is made. I release you and them from liability as a result of those inquiries and disclosures. A photocopy or other electronic reproduction of this authorization/release is binding and may be relied upon.

No Written, Oral or Implied Contracts

I understand that all employment with the Company is "at will". This means that just as an employee has the right to terminate the employment relationship at any time, with or without reason, the Company retains a similar right. I understand that any written company documents, or any oral statements made either during the application process, or, if I am employed, after I am employed should not be relied upon by me as altering the general policy. I acknowledge that only the President of the Company has the authority to alter the at-will nature of employment, and then only by written contract specifically signed by the President of the Company.

I ACKNOWLEDGE I HAVE READ AND UNDERSTAND ALL THE ABOVE AND THAT I AGREE WITH THEM.

Name (please print):	Social Security #:
Signature:	Date:
Email address:	