

Creative Landscape Designs, Inc.

EMPLOYMENT APPLICATION

DATE OF APPLICATION: _____

Creative Landscape Designs, Inc. is an equal opportunity, at will, employer and does not discriminate on the basis of sex, religion, race, color, age, national origin, ancestry or disability.

This Employment Application is *not* a binding contract of employment.
ALL PERSONS HIRED ARE SUBJECT TO A MINIMUM 90-DAY INTRODUCTORY PERIOD.
Please ask to read our Employee Handbook for further details.

PERSONAL INFORMATION

Last Name	First	Middle	Social Security Number
Street Address			Residence Phone
City, State, Zip			Daytime Phone
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No			Cell Phone
Are you legally eligible for employment in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No			Other Phone

Position Desired: _____

Compensation Required: Salary \$ _____ or Wage \$ _____ or Commission \$ _____

Date you can start: _____ Can you work overtime when necessary? ☐ Yes ☐ No

Have you ever applied for employment with us before? If yes, when? _____ No _____

EDUCATION AND TRAINING

School	Name and Location of School	Field of Study	Years Completed	Did you Graduate?	Degree/Diploma
Grade				Circle One Yes No	
High				Yes No	
Tech or Business				Yes No	
College				Yes No	
Other				Yes No	

Languages: spoken _____ Read _____ Write _____ Primary language _____

Other special training or skills (machine operation or other):

Creative Landscape Designs, Inc.

EMPLOYMENT APPLICATION

REFERENCES — LIST *ONLY* NON-FORMER EMPLOYERS OR NON-RELATIVES

	Name	Address	Years Known	Telephone Number
1.				
2.				
3.				
4.				
5.				

FORMER EMPLOYMENT — WHERE HAVE YOU WORKED PREVIOUSLY?

Please list your most recent job first, then continue in order through the last ten years.

Employer Name	Full Address	Telephone Number	From	To	Your Job

NEXT OF KIN (EMERGENCY CONTACT) PLEASE PRINT LEGIBLY

NAME:	_____
RELATIONSHIP:	_____
ADDRESS:	_____
HOME PHONE:	_____
CELL PHONE:	_____
OTHER PHONE:	_____

APPLICANT'S STATEMENT AND AGREEMENT

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this three-page application for employment understanding that it may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted for an open job on the date of the application. This applicant understands that neither this document, nor any offer of employment from the employer constitute an employment contract, unless the employer and the employee in writing execute a specific document to that effect. In the event of employment, I understand that false or misleading information given in my application for interview(s) may result in discharge if I am hired. I understand also, that I am required to abide by all rules and regulations of the employer.

Creative landscape Designs, Inc. considers applicants for all positions without regard to race, color, religion, sex, national origin, age and marital or veteran status, the presence of a non-job-related medical condition or handicap, or other legally protected status.

Creative Landscape Designs, Inc.'s policy is "At-Will". Under the "At-Will" policy, neither I nor the Company is committed to continuing the employment relationship for any specific term. Rather, the employment relationship will continue "At Will". Either I or the Company may terminate the relationship at any time, with or without cause and with or without notice. In deciding to work for the Company, or continuing to work for the company, I understand and accept these terms of employment. The Company and I further agree that this "At Will" policy cannot be amended, modified or altered in any way by oral statements or in any other way, unless it is altered by written amendment signed by the President of Creative Landscape Designs, Inc.

The safety of the employees of Creative landscape Designs, Inc. is extremely important to the Company; and the Company insists on providing a safe working environment for its employees. The Company takes its responsibility to provide safe and helpful working conditions, safety knowledge and competent work direction very seriously. Every employee, including me, has the responsibility to prevent accidents and injuries by observing all safety procedures and guidelines and following the directions of the site supervisor. I must comply with federal, state and local regulations related to on-the-job safety and health. An effective safety program extends beyond normal working hours. The Company encourages me to promote safety within my family's and off-the-job activities. All employees will adhere to safety practices while performing work on client or employer worksites. A copy of the company's Injury and Prevention Plan can be provided to me upon my request.

My signature below confirms my understanding that as a condition of employment, at any time before or during my employment, I may be requested to satisfactorily complete drug/alcohol screening tests to determine the presence of unauthorized or illegal drugs or alcohol. I voluntarily submit to these screenings and understand that the presence of unauthorized or illegal drugs or alcohol will disqualify me from further consideration for employment with this company. I further understand that Creative Landscape Designs, Inc. may require all employees to voluntarily submit to post-accident, random and reasonable cause drug/alcohol screening. If I am already employed, the presence of unauthorized or illegal drugs or alcohol will result in my immediate dismissal.

By signing this statement and agreement, I agree that, in the event of any dispute regarding unlawful discrimination and/or unlawful harassment (with the exception of claims of Workers' Compensation, Unemployment Insurance and any wage and hour matters within the jurisdiction of the California Labor Commissioner), I as employee and Creative Landscape Designs, Inc. agree that such dispute shall be resolved by submission to binding arbitration in Tulare county, before a qualified arbitrator, retired judge or justice. If the two aforementioned parties are unable to agree on an arbitrator, retired judge or justice, each party will name one arbitrator, retired judge or justice and the two named persons will select a neutral arbitrator, retired judge or justice who will act as sole arbitrator.

I UNDERSTAND THAT BY AGREEING TO THIS BINDING ARBITRATION PROVISION, BOTH THE COMPANY AND I WAIVE ALL RIGHTS TO A CIVIL COURT ACTION FOR A DISPUTE RELATING TO TERMINATION OF EMPLOYMENT, DISCRIMINATION, RETALIATION OR ALLEGED SEXUAL OR UNLAWFUL HARASSMENT; ONLY THE ARBITRATOR, NOT A JUDGE OR JURY, WILL DECIDE THE DISPUTE.

I HAVE READ AND FULLY UNDERSTAND ALL OF THE ABOVE.

Signature of Applicant

Date



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

► **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (*Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.*)

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [][][] - [][] - [][][][]		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States
<input type="checkbox"/> 2. A noncitizen national of the United States (<i>See instructions</i>)
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (<i>See instructions</i>) <i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i> 1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____
QR Code - Section 1 Do Not Write In This Space

Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one):

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page





Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		<div>Additional Information</div> <div>QR Code - Sections 2 & 3 Do Not Write In This Space</div>		
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions)

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)		Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative		First Name of Employer or Authorized Representative		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)			City or Town		State ZIP Code

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)		First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 		<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.