

## Fairland Landscape Supply

208 S Franklin Street, Fairland IN 46126

Phone: (317) 427-0024 kelly@flsupply.net

## **Employment Application**

Position Desired  Retail	Equipment Operator	Labo	rer	☐ Sales	□Other	
Personal Information						
Last Name	First Name	Middle		Social Security #	Date of Birth	
Address				Home Phone Number	er	
City	State Zip	)		Cellular Phone Numb	ber	
Have you ever applied for employment of yes: Month Year	nt with us before?	Yes	No	Email		
Are you available for full-time work? If no, please explain:		Yes	No	Pay Expected		
Are you legally eligible for employme	nt in the United States?	Yes	No	When will you be ava	ailable to begin work?	
Emergency Contact Information						
Name Phone Number			Relationship			
Please indicate the type of work for which you are applying:				* If applying for summer only, please specify beginning and ending dates, you would be available for work:		
☐ Full-time year round	☐ Full-time seas	onal		Beginning Date		
☐ Part-time summer only *	☐ Part-time seas	sonal		Ending Date Av		

## **Education**

Type of School	Name & Location of School	Course of Study	# Years Completed	Did you Graduate?	Honors Received
High School				Yes No	
Trade, Business, or Technical				Yes No	
College or University				Yes No	
Other (explain)				Yes No	

	Company Name	Telephone Number	mployer, giving accurate full-time and part-time employment record).  Telephone Number			
	•					
	Address	Employed From				
	Our and a self-unit	From	То			
1	Supervisor Name	Rate of Pay: Start	End			
	Position	Reason for leaving or	Reason for leaving or seeking to leave:			
	Description of Primary Responsibilities					
	Company Name	Telephone Number				
	Address	Employed From				
	, idaises		т.			
	Supervisor Name	From Rate of Pay:	То			
2		Start	End			
	Position	Reason for leaving or	seeking to leave:			
	Description of Primary Responsibilities					
	Company Name	Telephone Number				
	Address	Employed From				
		From	То			
3	Supervisor Name	Rate of Pay: Start	End			
	Position	Reason for leaving or	Reason for leaving or seeking to leave:			
	Description of Primary Responsibilities					
	Company Name	Telephone Number				
	Address	Employed From				
		From	То			
4	Supervisor Name	Rate of Pay: Start	End			
	Position	Reason for leaving or	Reason for leaving or seeking to leave:			
	Description of Primary Responsibilities					

Emplo	yment Re	ferences					
Nam		Company Name	Email		Phone Nu	mber	
1)							
2)							
3)							
		Are you willing/able to work Saturdays w	hen the job ı	requires?		Yes	No
		Are you willing to work overtime if neede	·d?			Yes	No
		Are you capable of performing in a reaso accommodation, the activities involved in applied	n the job or o	occupation for which you have		Yes	No
Driver Lic	ense Number						
State Issu	ıed						
Expiration	Date			Is your license valid and curre	nt?	Yes	No
				Is your license a CDL?		Yes	No
Please co	mplete as it app	ears on your Driver's License:		If so, what class CDL do you	hold?		
Name:							
ivaille.	First	Middle		Last			
Address:	Street		City		State	Zip	
			·			·	
Louthoriza	o M&C Evoquatir	ng Co, Inc. to access my driving record:	X		Date		
Tauthonze	e Mac Excavatii	ig 60, inc. to access my unving record.		Signature	Dale _		
Please list	any job skills an	d equipment experience you have:					
		•					

Please st	ate briefly why you want to work for Fairland Landscape Supply:
Crimin	al History
Have you	u ever been convicted of a felony Yes No
If so, plea	ase list any dates and convictions:
]	Date Conviction
related o	Landscape Supply is an equal opportunity employer and selects the best matched individual for the job based upon job qualifications, regardless of race, color, creed, gender, national origin, age, disability, sexual orientation, or other protected under state, federal, or local Equal Opportunity laws.
I unders	stand and agree with that:
1.	Business needs may at any time make the following conditions mandatory, overtime, travel.
2.	Employment with Fairland Landscape Supply is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause.
3.	My signature authorizes Fairland Landscape Supply to make such an investigation and inquiries into my personal and employment history, including other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, or persons from all liability in responding to inquiries in connection with my employment.
4.	In the event of employment, I understand that false or misleading information given in my application(s) or interview(s) may result in my termination. I understand also that I am required to abide by all the rules and regulations of Fairland Landscape Supply, as permitted by law.
5.	Fairland Landscape Supply maintains the policy that applicants for employment may be required to submit to a urinalysis screening test after the decision is made to hire and a conditional offer of employment has been made. If you refuse to take the test or the test confirms a positive result, your conditional offer of employment will be rescinded, or you will be terminated.
I have re	ead and understand the above; I also certify that the answers given herein are true and complete to the best of my

Date

knowledge.

Applicant's Signature:

Please submit all completed applications via email to HR@FAIRLANDLANDSCAPESUPPLY.COM