

FORM 6-03  
 SCENIC VIEW LANDSCAPES, LLC  
 2425 N. CENTER ST. #345  
 HICKORY, NC 28601  
 WK (828) 256-2517

**EMPLOYMENT APPLICATION**

*Equal access to programs, services, and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.*

**PERSONAL BACKGROUND** (please print)

NAME: LAST		FIRST	MI	SOCIAL SECURITY NO:	
ADDRESS				HOME TELEPHONE	
CITY		STATE/ZIP		WORK TELEPHONE	
If you are under 18, can you furnish a work permit if required? [ ] YES [ ] NO			If no, explain		
Have you the legal right to work in the U.S.? [ ] YES [ ] NO			Date available for work	Desired salary	
<b>Hire is subject to verification that applicant meets legal age and U.S. work permit requirements.</b>					
Position applied for:				Date of application	
Referral source [ ] Advertisement [ ] Employee [ ] Relative [ ] Govt. Employ. Agency [ ] Walk-in [ ] Private Employ. Agency [ ] Other _____				Name of source (if applicable)	
Have you ever submitted an application here before? [ ] YES [ ] NO				If yes, give date(s) and position(s)	
Have you ever been employed here before? [ ] YES [ ] NO			If yes, give dates, position, supervisor		
Type of employment desired [ ] Full time [ ] Part time [ ] Temporary [ ] Seasonal [ ] Educ. Coop./Internship					
Will you relocate if job requires it? [ ] YES [ ] NO			Will you travel if job requires it? [ ] YES [ ] NO		
Will you work overtime if required? [ ] YES [ ] NO			If no, please explain.		
Are you willing to work evenings, weekends, or holidays if required? [ ] YES [ ] NO				Have you ever been bonded? [ ] YES [ ] NO	
If applying for a position which requires you to drive on the job, please complete the following:					
Do you possess a valid driver's license? [ ] YES [ ] NO		Has your license ever been restricted, suspended, or revoked? [ ] YES [ ] NO		Driver's license no:	

continued

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### EMPLOYMENT HISTORY

Provide the following information on your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in the Comments section below.

Employer	Telephone ( )	Dates Employed From To	Summarize the type of work performed and job responsibilities
Address			
Starting job title/final job title		Hourly Rate/Salary Starting	
Immediate supervisor and title		\$ Per	
Reason for leaving		Hourly Rate/Salary Final	
May we contact for reference? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$ Per	
Employer	Telephone ( )	Dates Employed From To	Summarize the type of work performed and job responsibilities
Address			
Starting job title/final job title		Hourly Rate/Salary Starting	
Immediate supervisor and title		\$ Per	
Reason for leaving		Hourly Rate/Salary Final	
May we contact for reference? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$ Per	
Employer	Telephone ( )	Dates Employed From To	Summarize the type of work performed and job responsibilities
Address			
Starting job title/final job title		Hourly Rate/Salary Starting	
Immediate supervisor and title		\$ Per	
Reason for leaving		Hourly Rate/Salary Final	
May we contact for reference? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$ Per	

Comments (including explanation of any gaps in employment)

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### Education Background

Names & Locations of High Schools, Colleges, Universities, Special Programs	Diploma/Degree Earned	Graduation Date	College Major	College Minor	Grade Pt. Avg.

### Additional Information

List professional, trade, business or civic associations to which you belong, including any offices held. You may exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran, or any other similarly protected status.

Organization	Offices Held

### References

List name and telephone number of three business/work related references who are not related to you. If not applicable, list three school or personal references who are not related to you.

Name	Relationship	Telephone	No. years known

### Special Accomplishments, Publications, Awards

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran, or any other similarly protected status.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any other information you would like us to consider:

\_\_\_\_\_

\_\_\_\_\_

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### **Applicant Statement**

I certify that all information I have provided in this application is true, complete, and correct.

I understand that any information provided by me that is found false, incomplete, or misrepresented in any respect, will be sufficient cause to (1) cancel further consideration of this application, or (2) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees, or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities, and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering, and using such information in the employment process and all other persons, corporations, or organizations for furnishing such information about me.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 form in this regard.

I certify that I have read, fully understand, and accept all terms of the foregoing Applicant Statement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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## ***BACKGROUND INQUIRY RELEASE***

Our hiring process does include a BACKGROUND CHECK and a DRUG SCREEN. You must have an insurable driver's license determined by our insurance agent and be able to pass the drug screen. The background check includes a county criminal record search, social security verification, and a check of your driving record. We are proud to be a DRUG FREE workplace and will continue to set our standard high for all incoming team members. If you are submitting a resume with the application, you are still required to fill out the application in its entirety.

I, the undersigned applicant, do hereby certify that all information provided by me for the purpose of employment is true and complete to the best of my knowledge. I understand that falsification of any information on company documents may lead to denial of employment or termination.

In connection with my application for employment, I understand that investigative background inquiries will be made on me, including consumer credit, education verification, criminal convictions, motor vehicle, worker's compensation, and others. These reports will include information as to my character, general reputation, work habits, performance and experience, along with reasons for termination of employment from previous employers. Further, I understand that you will be requesting information from various federal, state, and other agencies that maintain records concerning my past activities relation to me driving, credit, criminal, civil, and other experiences.

I authorize, without reservation, any party or agency contacted by Scenic View Landscapes, or its agents, to furnish the above-mentioned information prior to or at any time during my employment. ***The information on this form will be used solely for the purpose of conduction background checks and will be maintained in a confidential file.***

I hereby release all of the persons and agencies providing such information from any and all claims, damages or liabilities connected with their release of any request information. I agree that any copy of this document is as valid as the original.

I do hereby agree to forever release and discharge Scenic View Landscapes to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses, or any other charge or complaint filed with any agency arising from the retrieval and reporting of information.

I understand that to aid in the proper identification of my file or records, the following information is necessary:  
**(Applicant, please complete)**

Print Name \_\_\_\_\_  
(First) (Middle) (Last)

Former Names \_\_\_\_\_

Current Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Current Phone Numbers \_\_\_\_\_  
(Home) (Mobile)

Soc. Sec. No. \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

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Drivers' License No. \_\_\_\_\_ State \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Authorization for Obtaining MVR for Employment**

Consumer reports may be obtained as a part of Scenic View Landscapes, LLC hiring practice and may include my driving record as an assessment of my insurability for hiring for job placement.

\_\_\_\_\_  
Signature of Job Applicant Date

Full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

N.C. driver's license # \_\_\_\_\_