

## 24735 Hwy. 371 Nisswa, MN 56468

Employment Application Form					
PLEASE COMPLETE AL	L PAGES		Date _		
Name					
	Last	First		Middle	
Present address					
	Number	Street	City		Zip
	(If under 18)			0	<u> </u>
Telephone ( )	Alt. Phone: ()				
Position applied for:			-	available to work Thur	
			Mon	Fri	
Salary desired:		_	Wed	SatSun	_
Employment desired	□FULL-TIME ONLY	□PART-TIME C	ONLY 🗆	FULL- OR PART-TIN	ME
When available for work?	Do y	rou smoke? 🛚 Ye	es 🗆 No		
Are you a citizen of the U	nited States? ☐ Yes ☐ No	If no, are you	u authorized to	work in the U.S.?	Yes □ No
Education					
High School attended:		llege / University Did you graduate? ☐ Yes ☐ No	Did y	/ Trade School □ ou graduate? Yes □ No	Other (specify):
Criminal Record					
HAVE YOU EVER BEEN	CONVICTED OF A CRIME?	□ No	☐ Yes		
If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.					
		Oriving Reco	ord		
DO YOU HAVE A VALID	DRIVER'S LICENSE?	☐ Yes ☐ No			
ARE YOU PROFICIENT	AT PULLING A TRAILER?	☐ Yes ☐ No	☐ Somewhat		
What is your means of tra	ansportation to work?				
Driver's license number	State of	issue	□ Operator	- □ Commercial (	CDL)
Expiration date					
Have you had any accidents during the past three years? ☐ Yes ☐ No How many?					
Have you had any moving violations during the past three years?					

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Green	house	EXDE	~ience
	IIO GSC	LAPCI	

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Describe greenhouse	experience (	ı.e.	plant familiarity.	maintenance,	pruning,	planting,	aesign,	etc.)

Describe equipment/tools you are familiar with.

## Work Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

Name of employer Address	Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Code		From	Start
Phone number		То	Final
	Your last job title		

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

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Phone number		То	Final			
	Your last job title					
Reason for leaving (be specific)						
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.						
May we contact your present employer? ☐ Yes ☐ No						
References						
Full Name	Company	Position	Relationship	Phone		
Full Name	Company	Position	Relationship	Phone		
Full Name	Company	Position	Relationship	Phone		

## PLEASE READ CAREFULLY

## **APPLICATION FORM WAIVER**

In exchange for the consideration of my job application by Copper Creek Landscaping, I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Copper Creek practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Copper Creek Landscaping or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the owner of Copper Creek. Both the undersigned and Copper Creek Landscaping may end the employment relationship at any time, without specified notice or reason. If employed, I understand that Copper Creek may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give Copper Creek permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release Copper Creek from any liability as a result of such contract.

I also understand that (1) Copper Creek has a drug and alcohol policy that provides for possible pre-employment testing as well as random and /or periodic testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I further understand that my employment with Copper Creek shall be probationary for a period of thirty (30) days, and further that at any time during the probationary period or thereafter, my employment relation with Copper Creek is terminable at will for any reason by either party.

Signature of applicant	Date:
	<ul> <li>We adhere to a policy of making employment decisions without regard to disability. We assure you that your opportunity for employment with Copper</li> </ul>
Thank you for completing this applic	lication form and for your interest in our business.