

DAVE BROWN LANDSCAPE GROUP

EMPLOYMENT APPLICATION PACKET

Please complete and submit this entire Employment Application Packet and a copy of:

- your current Driver's License
• and an official report of your driving record for the past five years from the Bureau of Motor Vehicles. This report must be dated within two weeks of the date this application was submitted.

BASIC INFORMATION

Form section for Basic Information with fields for Position Desired, Name (Last, First, Middle), Home Address, Telephone, Driver's License Number, State, and Expiration Date.

EMPLOYMENT HISTORY

The information required below must be submitted on this Application. While you are welcome to attach a resume to this Application, it will not be accepted in lieu of completing any portion of this Application. For this section, please account for the last ten (10) years of employment beginning with your current or most recent employer. List all experiences that are relevant to the position for which you are applying.

Three identical form sections for Employment History, each containing fields for Employer, Title, Address, City, State, Zip Code, Supervisor's Name, Supervisor's Title, Final/Current Monthly Salary, and Job Responsibilities.

DAVE BROWN LANDSCAPE GROUP

EDUCATION

| Name of School | Location | Graduation Yes No | Degree |
|-------------------|------------|----------------------|--------|
| High School | City State | | |
| College | City State | | |
| Vocational School | City State | | |

Licenses/Certificates

Please list all relevant Licenses and/or Certificates here:

ADDITIONAL INFORMATION

| | |
|---|--|
| Are you legally authorized to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/> | Did a Dave Brown Landscape employee recommend you for the position? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Can you speak, read, and/or write in English? Yes <input type="checkbox"/> No <input type="checkbox"/> | Can you speak, read, and/or write in Spanish? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Are you at least 18 years of age? Yes <input type="checkbox"/> No <input type="checkbox"/> | Have you ever been convicted of a felony? Yes <input type="checkbox"/> No <input type="checkbox"/> |

REFERENCES

| | | |
|------|--------------|-------------------------|
| Name | Relationship | Telephone Number () |
| Name | Relationship | Telephone Number () |
| Name | Relationship | Telephone Number () |

IN CASE OF EMERGENCY NOTIFY

| | | |
|---------|----------------|-------------------------|
| Name | Relationship | Telephone Number () |
| Address | City and State | Zip Code |

MEDICAL PROVIDER NETWORK

The Dave Brown Landscape Group utilizes a Medical Provider Network for the treatment of work-related injuries and illnesses. Employees may pre-designate a physician for this purpose if they wish, provided they have a signed letter from their physician agreeing to the pre-designation for work-related injuries and illnesses. If you wish to do so, please list the physician's name and contact information below, and attach the physician's letter. If you do not wish to do so, leave the space blank.

| | |
|------------------|---------------------|
| Physician's Name | Contact Information |
|------------------|---------------------|

PLEASE READ CAREFULLY

I declare under penalty of perjury that all statements in this application are true and complete to the best of my knowledge. I understand that if I am hired and any of my answers are deemed to be false or misrepresentations, then I may be terminated. If hired, I agree to be bound by all current and future Dave Brown Landscape Group policies and procedures regardless of how they are communicated to me. I fully understand that my employment is "at will", meaning that either myself or the Dave Brown Landscape Group may terminate my employment at any time for any reason. I am fully aware and authorize the Dave Brown Landscape Group to conduct a background investigation on me as a condition of my employment. I also acknowledge receipt of the Medical Provider Network Information and understand that it is NOT health insurance.

| | | |
|-----------|--------------|------|
| Signature | Printed Name | Date |
|-----------|--------------|------|

OFFICE USE ONLY

| | | |
|--------------------|------------------------------|-----------------|
| Date of Employment | Position | Hourly Pay Rate |
| Hire Approved By | References Checked and Notes | |

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