

## Application for Employment

Today's Date

Your Personal Information				
Name Last	First		Middle	
Address		City	State	
Home Telephone		ellular Telephone		Zip Code
E-Mail Address				
Preferred Method of Contact:	☐ Home Telephone ☐ Other	□ Cell Phone	C E-Mail	
Your Emergency Contact				
In Case of an Emergency, I Auth	orize You to Contact:			
Name		Telephone Number		

ALL QUESTIONS MUST BE ANSWERED

STATE "N/A" IF QUESTION IS NOT APPLICABLE

## ROUND ROCK GARDENS IS AN EQUAL OPPORTUNITY EMPLOYER

Applications are received and employees are hired without regard to race, creed, color, sex, religion, age, national origin, marital status, physical or mental handicap, disability, genetic information, sexual orientation, veteran's status, citizenship status, or any other protected classes under state, local or county regulations. The receipt of this application does not mean that job openings exist and does not obligate us in any way. We appreciate your interest in our organization.

THIS IS A DRUG-FREE WORKPLACE

Tell Us About Yourself You must answer <u>every</u> question on this application of a question does not apply, but N/A "Please print)						
What position are you applying for?						
What is your salary expectation? \$ When can you start work? (Date)						
How were you referred to us?						
(If you were referred by a person, please provide the name) Have you completed an application here before? ☐ Yes ☐ No If yes, date/location						
Are you available to work /Check any that analy:  \[ \Pi \in \pi						
The second of th						
Are there any days or times during the week that you are not available to work?   (Reasonable accommodation of religious needs that do not create an undue hardship will be considered, if applicable)  If yes, please list the days/times you are not available to work						
If necessary, can you provide proof that you are over any minimum work age requirement?   Yes  No						
Are you willing to work overtime?						
Can you travel, if required?  Ures INO  Do you have steady transportation to work? I Yes No  What percentage of time?						
Are you on a layoff and subject to recell?  \Bu \sigma_ \Bu \sigma						
How much time have you lost from work during the past 12 months?						
Are you now, or do you expect to be engaged in any other had a						
If yes, please explain						
Are you presently an officer, employee, or employer of another business in our industry or with whom we compete?   Yes  No						
If yes, please explain						
Are you currently subject to a Non-Compete Agreement or Restrictive Covenant that would prohibit you from working at our company in the position for which you are applying?						
If yes, provide a copy of the agreement and state the name of the company:						
Have you ever been terminated or asked to resign from a job? ☐ Yes ☐ No						
If yes, please explain						
Why do you desire to make a change?						
Are you legally eligible to work in the United States?						
What three things are most important to you in a job? 1)						
What three adjectives best describe you? 1)2)3)						
What type of work do you most enjoy?						
Why do you want to work here?						
Tell Us About Your Special Skills and Qualifications						
List any special skills, training, experience, certifications, or licenses that may be relevant to this position or our company						
List any professional, trade, business, or civic activities or offices held that would relate to working here						
List any foreign languages that you fluently speak, read, and/or write that would relate to working here						
List software programs that you are proficient in						

Your Educati	onal Ba	ckground				
Schooling		Did You Graduate?	Years Completed	Degree Received and Major Subject	Name of School	Locatio
High School or GED	)İ	□Yes □No				
Trade, Busines Corresponder		□ Yes □ No				
College		□Yes □No				
Graduate Sch	ool	□Yes □No				
Tell Us About	Your D	riving Record ///	cossary for positions th	n may require use of a pe	rsomal or company went	lo for work)
Do you hold a valid a	and unexpir	red Driver's License that	is not currently suspe	ended or revoked?	☐ Yes ☐ No	
f yes, provide the sta						
		/ moving violation(s) in t	he last 5 years?	☐ Yes ☐ No		
f yes, give date(s) ar	io explana	tion of each				
Cell Us About						
lave you ever been o y any judicial or qua	convicted considerated si-judicial b	of, received a sentence for sentence for a crime, other th	or, pled nolo contende an a minor traffic viola	ere (no contest) to, bee	n placed on probation	, or fined
NOTE: Answ should not be di your employmen any criminal rec	vering "yes sclosed. Any a at offer or term ords.	" <b>to this question is not a</b> other criminal record not disclos ination of your employment. A	n automatic bar to emposed by you may be considerable. Iso, in accordance with any	<b>Noyment</b> . Arrest records an ed falsification of this application state or federal regulations, y	d juvenile, sealed, and expu- tion, which may result in revo tou may be required to provi	nged records acation of de copies of
□ Yes □ No	If yes, des	scribe the details of the colored with the colored continuous cont	conviction/offense the	contoneo for the send		
ell Us About	Your Pa	St Misweing yes to an	ly of these questions is r	ot an automatic bar to en	Wayment j	
ave you ever been di	isciplined c	r terminated from any jo	b for an act of violence	e, harassment, discrim	ination, ethical breach	or the 60
Ll Yes Ll No	If yes, exp	lain the circumstances,	employer, and date			
ave you ever been a tuous interference with a b	defendar usiness relati	it in a civil action for an onship, defamation, invasion of	intentional tort? (e.g.,	assault, battery, false impris	sonment, infliction of emotic	mal distress,
L Yes LINO	If yes, prov	vide an explanation of the or outcome	ne nature of the inten	ional tort, the date of t	he action, the location	others)
e you currently unde	r investigat	ion or wanted by any lav	v enforcement agenci	7		
Section Section 1	MONTH IN	hat law enforcement ag				
ve you ever had any er's license, CPA, etc.)	license or	certification suspended	or revoked? (e.g., law li	cense, real estate license, per	st control operator's license,	PHR, any
□ Yes □ No i	f yes, list th	ne license(s) or certificat was suspended or revo	ion(s) suspended or r			

Your Military Service				
Branch of Service	Rank at discharge, if applicable		Dates of Service From: To:	
ist Duties and Special Training and/or S	Kills			
Our Work History and Any ist most recent or current job first. You must lou must also provide a complete work history	Employment Gaps (M nolude any gaps in employment, wi	ust be completed even In a full explanation and c	when accompanied by resume) tates for the gap	
Employer	Dates E	Dates Employed		
	From (Mo/Yr)	To (Mo/Yr)	Summary of Work Performe and Job Responsibilities	
Address (City, State, Zip)				
	Phone: (Include Area Code)			
ob Title	Hourly Rate, Weekly Salary, or Other Weekly Earnings			
itate Reason	Starting	Final		
			Supervisor's Name	
esigned D OR Terminated D				
mployer	Dates Er	nployed		
	From (Mo/Yr)	To (Mo/Yr)	Summary of Work Performed and Job Responsibilities	
dress (City, State, Zip)				
	Phone: (Include Area Code)			
b Title	Hourly Rate, Weekly Salary, or Other Weekly Earnings			
	Starting	Final		
ate Reason			Supervisor's Name	
signed D OR Terminated D				
nployer	Dates Em	Dates Employed		
	From (Mo/Yr)	To (Mo/Yr)	Summary of Work Performs and Job Responsibilities	
dress (City, State, Zip)				
	Phone: (Include Area Code)			
	Hourly Rate, Weekly Salary, or Other Weekly Earnings			
	Starting	Final		
ate Reason			Supervisor's Name	
signed □ OR Terminated □				

Employer	From (Mo/Yr)  Dates Employed  To (Mo/Yr)		
			Summary of Work Performs and Job Responsibilities
Address (City, State, Zip)			
	Phone:		
Job Title	(Include Area Code)		
	Hourly Rate, or Other We	Weekly Salary, ekly Earnings	
State Reason	Starting	Final	
Orace Neason			Supervisor's Name
Resigned   OR Terminated			
Employer		mployed	
			Summary of Work Performer
Address (City, State, Zip)	From (Mo/Yr)	To (Mo/Yr)	and Job Responsibilities
	Phone: (Include Area Code)		
Job Title	Hours Pater	Neekly Salary,	
	or Other We	kly Earnings	
State Decree	Starting	Final	
State Reason			Supervisor's Name
Resigned   OR Terminated			
Employer			
	Dates Employed		Summary of Work Performed
Address (City, State, Zip)	From (Mo/Yr)	To (Mo/Yr)	and Job Responsibilities
	Phone: (Include Area Code)		
ob Title	Hourly Rate, W	leekly Salary,	
	or Other Wee  Starting		
State Reason		Final	
			Supervisor's Name
Resigned [] OR Terminated []			
mployer	Dates Employed		Summary of Work Performed
	From (Mo/Yr)	To (Mo/Yr)	and Job Responsibilities
ddress (City, State, Zip)			
	Phone:		
ob Title	(Include Area Code)  Hourly Rate, Weekly Salary,		
	or Other Weel	ly Earnings	
tate Reason	Starting	Final	
			Supervisor's Name
esigned $\square$ OR Terminated $\square$			

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5 5 plete. I understand that false statements or omission of information on this application (even if discovered after employment) or other employment form may lead to dismissal or denial of employment. You are hereby authorized to make any investigation of personal history, financial, criminal, credit, and motor vehicle records through any investigative or credit agencies or bureaus of rehoice. You are also authorized to administer a personality profile or other pre-employment tests and verify my background. A record or sentence is not an automatic disqualification for employment. I agree to submit to any drug or alcohol testing prior and a arrange to submit to any drug or all medical evaluation. If required. I consent to the release of any or all medical the position for which purpose of this agreement and release, the company you are applying for employment with is referred to mpany," or "you" in the following paragraphs. The facts set forth above in my application for employr functions of minal record or sentence is not an automatic disqualification for employment, or after employment, and I agree to submit to a medical evaluation, if requ VOLIT CHOICE Hay hold. For the SF SE .

Tolle med volement spemed Ver the Information on social discharge this company (including its directors, officers, employees, and agents) and my past and/or present employers (including their directors, officers, employees, and agents) from any liabilities which may result from an investigation of my past and/or present employment or from the disclosure of such information. I authorize the use of any information in this application to verify my authorize past employers, doctors, all references, and any other persons to answer all questions asked er, reputation, and previous employment record. In making this application for employment, I also understand that an investigative consumer report may be is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. company may conduct a search for information about me that is in the public domain including, but not liminetworking sites. In exchange for the consideration of my employment application by this company, I employment or

understand that if my application is accepted and if I am hired, that employment with this company at all times is employment "at will." is further understood that this "at will" relationship may not be changed by any written document, verbal statements, or by conduct inless an authorized executive of this company specifically acknowledges such change. I further understand that my "at will" mployment may be terminated at any time by this company or myself and includes no guarantee, contract, or promise of employment or any specific length of time. I understand that the first 90 days of employment is a new-hire introductory period. Submission of this unless an Num to

I have read, understand, and by my signature consent to these statements.

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