



Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

Phone: (____) _____ Phone: (____) _____
City State ZIP Code

Date Available: _____ Desired Salary: \$ _____

Position Applied for _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If so, when? _____

Education

High School: _____ Address: _____
From: _____ To: _____ Did you graduate? YES NO Degree: _____

College: _____ Address: _____
From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____
From: _____ To: _____ Did you graduate? YES NO Degree: _____

Indicate any foreign languages you can speak, read, and/or write. _____

Describe any specialized training, apprenticeship, skills and extra-curricular activities. _____

List any professional, trade, business or civic activities and offices held. _____

Business References

Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Previous Employment

Company _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

Other than honorable, explain: _____

Describe any job-related training received in the United States military :

Drug Testing Consent

I, _____, understand that as a part of the pre-employment process as required by North Georgia Turf, Inc., I must submit to a urinalysis drug screening.

I do hereby voluntary consent to the sampling and submission for testing of my urine for the purpose of screening for the presence of illegal drugs. I understand that a negative result from this screening is a condition of employment.

I also understand that refusal to supply the necessary samples in a reasonable and timely manner or producing a positively confirmed test result for the presence of illegal drugs may result in my being denied employment. I understand that a refusal to submit to a drug screen or a confirmed positive test result indicating the presence of illegal drugs may bar me from securing employment with North Georgia Turf, Inc.

I authorize disclosure of the drug screen results by and between the testing laboratory and North Georgia Turf, Inc.

I understand that the results of the urinalysis will be available to me as soon as possible after receipt by North Georgia Turf, Inc.

I understand that North Georgia Turf, Inc. will select the testing laboratory and the cost of the urinalysis will be furnished by North Georgia Turf.

Signature _____ Date _____

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application shall be considered active for a time period not to exceed 45 days.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means the employee may resign at any time and the employer may discharge employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge. I also understand that I am required to abide by all rules and regulations of the employer.

Signature _____ Date _____

Drivers Application for Employment

Driving Record

Accident Record- For the past three years or more (attach a sheet if more space is needed.) If none, write none.

Date	Nature of Accident (Head-on, Rear-end Etc.)	Fatalities	Injuries	Hazardous Material Spill
Last Accident _____	_____	_____	_____	_____
Next Previous _____	_____	_____	_____	_____

Traffic Convictions and forfeitures for the past three years (other than parking violations) If none, write none.

Location	State	License Number	Type	Expiration Date

Experience and Qualifications-Driver

Class of Equipment	Type of Equipment circle	(month/yr) to (month/yr)	Approx. mileage
Straight Truck ___Y ___N	(van, tank, flat, dump, refer)		
Tractor & Semi Trailer ___Y ___N	(van, tank, flat, dump, refer)		
Tractor Two Trailers ___Y ___N	(van, tank, flat, dump, refer)		
Tractor Three Trailers ___Y ___N	(van, tank, flat, dump, refer)		
Motor Coach, School Bus ___Y ___N	----		
Other _____	----		

List any other experience, courses, and/or training that would help you in your work for this company _____

To be read and signed by applicant

I authorize you to make such investigations of my personal, employment, financial, or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connections with my application. In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the company.

I understand that the information I provided regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- 1 Review information provided by previous employers.
- 2 Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- 3 Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature _____ Date _____