

Professional Approach Landscape Service, Inc.

2535 Roundtop Road, Middletown, PA 17057

Ph. 717-525-2085 Fax: 717-616-8319

www.pro-approach-landscape.com

EMPLOYMENT APPLICATION

Applicants May Be Tested for Illegal Drugs

PLEASE PRINT OR TYPE

Today's Date _____

First Name

MI

Last Name

Preferred Name/Nickname

Street Address

APT#

City

State

Zip Code

Main Phone Number

Alternate Phone Number

Email Address

For pre-employment background check purposes:

Date of Birth

Social Security Number

PLEASE PLACE A CHECK BY YOUR RESPONSE OR PROVIDE THE APPROPRIATE INFORMATION

Are you interested in: Full Time Part Time Temporary

What schedule would you prefer? Weekdays Weekends Evenings Nights

Are you willing to work overtime? Yes No

Desired Pay: Hourly Pay \$ _____ Annual Pay: \$ _____ \$ _____
(Minimum, if applicable) Minimum Desired

When are you able to start work? Date: _____

In what local area do you prefer to work? _____

Position desired: _____

How did you hear about the position? Classified Ad
Friend (Name) _____
Radio
Internet Job Site (Name) _____
Other _____

PLEASE CHECK YES OR NO TO THE FOLLOWING:

Are you authorized to work in the United States? Yes No

Federal law requires that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with these laws, PALS, Inc. will verify the status of every individual offered employment with the Company. In this connection, all offers of employment are subject to verification of the applicant's identity and employment authorization, and will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization.

What legal forms of identification can you provide to prove you are authorized?

Are you under 18 years of age? Yes No

If yes, can you furnish a work permit? Yes No

Are you capable of performing the essential functions of the job for which you are applying with or without a reasonable accommodation?

Yes No

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.

DO YOU HAVE A DRIVER'S LICENSE? Yes No

What is your means of transportation to work?

Driver's license number _____ State of issue _____ Commercial (CDL) Y N
Expiration date _____

Have you had any accidents during the past three years? How many? _____

Have you had any moving violations during the past three years? How Many? _____

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No

Specialty _____ Date Entered _____ Discharge Date _____

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? Yes No

PLEASE LIST YOUR WORK EXPERIENCE BELOW (MOST RECENT JOB FIRST)

	COMPANY NAME			YOUR POSITION and TITLE	
FROM ____ / ____ Month Year	NO. & STREET			SUPERVISOR'S NAME, TITLE and POSITION	
	CITY	STATE	ZIP CODE	SUPERVISOR'S TELEPHONE NUMBER	
	TYPE OF BUSINESS		STARTING PAY \$	FINAL PAY \$	
TO ____ / ____ Month Year	TELEPHONE NUMBER ()		TERMINATION ___ VOLUNTARY ___ INVOLUNTARY	REASON	
BRIEFLY DESCRIBE YOUR <u>MAJOR DUTIES</u> AND <u>REASON(S) FOR TERMINATION</u>					

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FROM ____ / ____ Month Year	NO. & STREET			SUPERVISOR'S NAME, TITLE and POSITION	
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	TYPE OF BUSINESS		STARTING PAY \$	FINAL PAY \$	
TO ____ / ____ Month Year	TELEPHONE NUMBER ()		TERMINATION ___ VOLUNTARY ___ INVOLUNTARY	REASON	
BRIEFLY DESCRIBE YOUR <u>MAJOR DUTIES</u> AND <u>REASON(S) FOR TERMINATION</u>					

ADDITIONAL INFORMATION:

UNEMPLOYMENT ACCOUNT FOR ALL PERIODS OF TIME, THREE MONTHS OR MORE, BETWEEN POSITIONS HELD OR AFTER SCHOOL

FROM <hr/> MM DD YYYY	TO <hr/> MM DD YYYY	HOW DID YOU SPEND THIS TIME?
FROM <hr/> MM DD YYYY	TO <hr/> MM DD YYYY	HOW DID YOU SPEND THIS TIME?

EDUCATION:

NAME AND ADDRESS OF SCHOOL	MAJOR SUBJECT	DID YOU GRADUATE?	TYPE OF DEGREE OR DIPLOMA
HIGH SCHOOL OR PREP			
COLLEGE			
COLLEGE OR GRADUATE			
OTHER			

PROFESSIONAL DESIGNATIONS:

DESIGNATION	ORGANIZATION GRANTING DESIGNATION	DATE COMPLETED
DESIGNATION	ORGANIZATION GRANTING DESIGNATION	DATE COMPLETED

Please use back of page to list any additional Professional Designations

PROFESSIONAL LICENSES:

TYPE OF LICENSE	STATE GRANTING LICENSE	LICENSE NUMBER
TYPE OF LICENSE	STATE GRANTING LICENSE	LICENSE NUMBER

Please use back of page to list any additional Professional Licenses

REFERENCES: Please list three professional references

NAME	RELATIONSHIP	COMPANY	PHONE/EMAIL ADDRESS

PLEASE READ CAREFULLY BEFORE SIGNING APPLICATION

I have submitted the attached form to PALS, Inc. for the purpose of obtaining employment. I acknowledge that the use of this form, and my filling it out, does not indicate that any positions are open, nor does it obligate PALS, Inc. to further process my application.

My signature below attests to the fact that the information that I have provided on my application, resume, given verbally, or provided in any other materials, is true and complete to the best of my knowledge and also constitutes authority to verify any and all information submitted on this application. I understand that any misrepresentation or omission of any fact in my application, resume or any other materials, or during any interviews, can be justification for refusal of employment, or, if employed, termination from PALS, Inc.'s employ.

I also affirm that I have not signed any kind of restrictive document creating any obligation to any former employer that would restrict my acceptance of employment with PALS, Inc. in the position I am seeking.

I understand that this application is not an employment contract for any specific length of time between PALS, Inc. and me, and that in the event I am hired, my employment will be "at will" and either PALS, Inc. or I can terminate my employment with or without cause and with or without notice at any time. Nothing contained in any handbook, manual, policy and the like, distributed by PALS, Inc. to its employees is intended to or can create an employment contract, an offer of employment or any obligation on PALS, Inc.'s part. PALS, Inc. may, at its sole discretion, hold in abeyance or revoke, amend or modify, abridge or change any benefit, policy practice, condition or process affecting its employees.

References: I hereby authorize PALS, Inc. and its agents to make such investigations and inquiries into my employment and educational history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, and other persons from all liability in responding to inquires connected with my application and I specifically authorize the release of information by any schools, businesses, individuals, services or other entities listed by me in this form. Furthermore, I authorize PALS, Inc. and its agents to release any reference information to clients who request such information for purposes of evaluating my credentials and qualifications.

Temporary/Contract Employment: If employed as a temporary or contract employee, I understand that I may be an employee of PALS, Inc. and not of any client. If employed, I further understand that my employment is not guaranteed for any specific time and may be terminated at any time for any reason. I further understand that a contract will exist between PALS, Inc. and each client to whom I may be assigned which will require the client to pay a fee to PALS, Inc. in the event that I accept direct employment with the client, I agree to notify PALS, Inc. immediately should I be offered direct employment by a client (or by referral of the client to any subsidiary or affiliated company), either for a permanent, temporary (including assignments through another agency), or consulting positions during my assignment or after my assignment has ended.

SIGNED:

DATE:

In the event of an "On the job" injury that requires medical attention or time off from work (Workers Compensation Claim) the injured employee will be required to complete a drug screening. The results of the drug screening will determine the coverage and PALS, Inc. decision to continue employment for the injured employee. Sign below that you have read this statement.

Signature of Applicant

Date

Did you complete this application yourself? ____ Yes ____ NO
If not, who did?

Signature of Applicant

Date

MOTOR VEHICLE RECORD RELEASE FORM

**Professional Approach Landscape Service, Inc.
2535 Roundtop Road #4
Middletown, PA 17057
717-525-2085**

Requestor Information:

Company Name: Professional Approach Landscape Service, Inc.

Contact Person: William H. Pfundheller, Jr., President

Contact Phone: 717-525-2085 Fax: 717-616-8319

Name: _____ Home Phone: _____
Please Print All Requested Information

Current Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____

Driver's License Number: _____ State: _____

I understand that investigative background inquires may be made on me concerning matters of motor vehicle information. I understand that you may be requesting information from various Federal, State, and Other agencies which maintain records concerning past activities relating to my driving records.

I authorize any party or agency contacted to furnish the above-mentioned information to Professional Approach Landscape Service, Inc. and to release all parties involved from any liability and/or responsibility for doing so. This authorization and consent shall be valid in an original, fax or copy form. I recognize that these inquires may be made randomly in the future and no further authorization is required by me.

Signature: X _____ **Date:** _____