



APPLICATION FOR EMPLOYMENT

All applicants will be considered for employment without regard to race, religion, color, sex, national origin, marital or veteran status, medical condition or handicap, or any other status protected by law. *We are an Equal Opportunity Employer.*

Your application will be considered active for 30 DAYS.
For consideration after that time, you must reapply.

PERSONAL (Please print) Date _____

Name _____ Telephone Number _____

First Middle Last

Address _____

No. Street City State Zip

Are you over 18 years of age? YES NO

Are you legally eligible for permanent employment in the United States? _____ (Verification will be required)

Position Applied For? _____ Full Time Part Time

If Part Time days/hours you are available?

Date you are available to start work: ____/____/____

Salary or Wage Desired: \$ _____ Hr. Wk.

Have you worked for us before? _____ If YES, when? _____

Indicate special qualifications or second language skills: _____

Do you have a pesticide applicators license? _____ Expired? _____

What attracted you to GT Landscape Solutions?

| EDUCATION Name & Location of School | Course of Study | Years Completed | Did You Graduate? |
|-------------------------------------|-----------------|-----------------|-------------------|
| Elementary | | | |
| Middle | | | |
| High School | | | |
| College or Other | | | |

Are you employed at the present time? Yes No

Do you have a valid driver's license? Yes No? State issued: _____

*Online application is a fillable document. Save it and email it to Apply@gtlminc.com

PRIOR EMPLOYMENT

| | | | |
|--------------------|-------------|-----------------|----|
| Employer | Phone | From | To |
| Address | City, State | Position | |
| Duties | | Supervisor Name | |
| Reason for Leaving | | Starting Wage | |
| | | Ending Wage | |
| Employer | Phone | From | To |
| Address | City, State | Position | |
| Duties | | Supervisor Name | |
| Reason for Leaving | | Starting Wage | |
| | | Ending Wage | |
| Employer | Phone | From | To |
| Address | City, State | Position | |
| Duties | | Supervisor Name | |
| Reason for Leaving | | Starting Wage | |
| | | Ending Wage | |

MILITARY

| BRANCH OF SERVICE | FROM | TO | RANK & DUTIES | DATE DISCHARGED |
|-------------------|------|----|---------------|-----------------|
| | | | | |

PERSONAL REFERENCES

| Name | Address | Years Known | Telephone |
|------|---------|-------------|-----------|
| | | | |
| | | | |

Please read the following statements carefully and place your initials after each statement. Only those applications that are initialed and signed are considered valid.

1. If the company employs me, I will comply with all work-related requirements set forth by the company. _____
2. I understand I will be given a drug test prior to hiring and I consent. _____
3. I certify that all answers to the questions in this application are the truth and complete to the best of my knowledge. Omissions may be grounds for denial of employment or discharge if hired. _____
4. I understand that if hired I will be an "at-will" employee. _____
5. I understand that no manager or representative of the company, other than in writing signed by the president of the company and by me has any authority to enter into an agreement of employment for any specified period of time or contrary to the above terms or alter the above employment conditions. _____
6. I hereby acknowledge that I have read and understand the above statements. I voluntarily give the Company permission to confirm by personal inquiry, or otherwise, information provided in this application. I release from all liability or responsibility this company and all persons providing information to the company about me. _____

Applicants Signature

Date