

## Application for At-Will Employment

KM Landscaping, Inc. is an equal opportunity employer and will not discriminate against any application on the basis of any characteristic that is protected by state or federal law.

KM Landscaping, Inc. is an At-Will Employer meaning that either the employer or employee can end the employment relationship at any time and for any or no reason.

**Position Applied For:** \_\_\_\_\_ **Date of Application:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Please note: Application will only remain active for 6 months, after which you will need to reapply.

**Is there any hours or days of the week you cannot work?**  
If yes, when?

Yes or No

**Start Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Name:** (Last) \_\_\_\_\_, (First) \_\_\_\_\_, (Middle) \_\_\_\_\_

**Physical Address:** \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

**Phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Cell:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Email:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Are you 18 or older?** Yes or No **DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Desired Pay:** \$ \_\_\_\_\_

**Type of Employment:**  Full Time or  Part Time

**Currently Employed:** Yes or No **If yes, where:** \_\_\_\_\_

**Have you ever applied to KM Landscaping before?** Yes or No

**If yes, when:** \_\_\_\_\_ **Under what name:** \_\_\_\_\_

**Graduated from High School:** Yes or No **If no, GED:** Yes or No

**College:** Yes or No **Number of years:** \_\_\_\_\_ **Graduate:** Yes or No

**Specialized Training:** Yes or No **If yes, in what?** \_\_\_\_\_

**Are you lawfully entitled to be employed in the United States:** Yes or No

**Have you ever been convicted of a crime?** (Other than minor traffic violation.) Yes or No

(This question pertains only to convictions that have not been sealed or expunged.)

**If yes, state the citation, date and place offense occurred:**

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Please provide any additional information such as special skills, training, management experience, equipment operation, or qualifications you feel will be helpful to us in considering your application.

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**References: List three individuals, not related to you, whom you have known for at least one year.**

Name                      Address/Phone                      Relationship                      Years Known

1) \_\_\_\_\_  
2) \_\_\_\_\_  
3) \_\_\_\_\_

**Emergency Contact**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Address:** \_\_\_\_\_

**Current and Former Employers (Most recent first.)**

(If you have a resume with this information, attach resume.)

Name of Company                      Job Title                      Start/End Date                      Reason for Leaving

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## Driving History

**Valid Drivers License:** Yes or No **If yes, State:** \_\_\_\_\_ **Number:** \_\_\_\_\_ **Expiration:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**List all states from which you have held a driver's license and the dates held:**

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**Has our driver's license, permit or privileges ever been suspended, revoked or canceled:** Yes or No

State(s)

Date(s)

Reason(s)

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**Ever been denied a driver's license, permit or privilege to drive by a government agency or employer:** Yes or No

State(s)

Date(s)

Reason(s)

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**Ever been charged with any traffic-related offenses:** Yes or No

State(s)

Date(s)

Reason(s)

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**Names of all employers for whom you have operated a commercial motor vehicle in the past 10 years:**

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**In the past two years, have you:**

**Had an alcohol test result of 0.04 alcohol concentration or greater:** Yes or No

**Had a verified positive controlled substance test result:** Yes or No

**Refused to take an alcohol or drug test:** Yes or No

**Please read the following statement carefully before signing to indicate your understanding:**

I understand that if I receive a conditional job offer, and prior to beginning employment, I may be requested to undergo a pre-employment medical examination. In the event that I have a disability that will affect my ability to take the test, I will inform KM Landscaping prior to the administration of the test so that a reasonable accommodation can be made. KM Landscaping reserves the right to require medical documentation regarding the need for accommodation.

I certify that the facts contained in the application are true and complete to the best of my knowledge and understand that if employed, falsified statements on the application may result in termination.

I understand and agree that, if hired, my employment is AT-WILL. THIS MEANS THAT IF HIRED, EITHER KM LANDSCAPING OR MYSELF CAN END THE EMPLOYMENT RELATIONSHIP AT ANY TIME AND FOR ANY OR NO REASON.

I authorize investigation of all statements contained in the application for any employment-related purpose. I release the listed references and all employers to provide you with any and all applicable information they may have. I hereby release these references and former employers from all liability for any information they may give to KM Landscaping, including but not limited to any defamation claims I may now have or will have against them.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_

**FOR EMPLOYER USE ONLY**

Interviewed By: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Hired: Y or N

Starting Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Position: \_\_\_\_\_ Wage: \$\_\_\_\_\_

**REVIEW DATES**

45 Day: \_\_\_\_/\_\_\_\_/\_\_\_\_ 90 Day: \_\_\_\_/\_\_\_\_/\_\_\_\_

NOTES: \_\_\_\_\_  
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Online applications can be emailed to  
[krystal@kmlandscaping.com](mailto:krystal@kmlandscaping.com)