



# Application For Employment

Please complete this application and return it to  
 Scots Landscape, PO Box 5630, Vienna, WV 26105

PHONE: 304.295.6303  
 FAX: 304.295.7881

DATE ▲

## PERSONAL INFORMATION

▲ NAME \_\_\_\_\_ ▲ SOCIAL SECURITY NUMBER \_\_\_\_\_

▲ ADDRESS \_\_\_\_\_ ▲ APT # OR P.O. BOX \_\_\_\_\_

▲ CITY \_\_\_\_\_ ▲ STATE \_\_\_\_\_ ▲ ZIP \_\_\_\_\_ ▲ DAYTIME PHONE \_\_\_\_\_

Are you over the age of 18? YES NO Are you legally able to be employed in the United States? YES NO

In the event of an emergency, please contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Do you possess a valid Driver's License? YES NO License No: \_\_\_\_\_ State: \_\_\_\_\_

Do you possess a valid CDL License? YES NO Class: \_\_\_\_\_ For how long? \_\_\_\_\_

Have you ever been convicted of a crime? YES NO If YES, Please explain: \_\_\_\_\_

In the event of an emergency, please contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## EMPLOYMENT DESIRED

Position Applying For: \_\_\_\_\_ Part-Time Full-Time Temporary (Seasonal) \_\_\_\_\_

Have you applied at Scots before? YES NO If YES, when: \_\_\_\_\_

Have you worked at Scots before? YES NO If YES, when: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

If YES, what was the reason for leaving your employment with Scots? \_\_\_\_\_

Are you currently employed? YES NO On Layoff Status? YES NO ( If YES, what is your recall date? \_\_\_\_\_ )

If hired, what date are you able to start work? \_\_\_\_\_ Are you able to travel out of town if the job requires it? YES NO

When can you work (check all that apply)? WEEKDAYS EVENINGS SATURDAYS SUNDAYS OVERTIME

When are you unable to work? \_\_\_\_\_

Include other employment information here, if any: \_\_\_\_\_

Do you know anyone who works or has worked at Scots? YES NO If YES, who: \_\_\_\_\_

How were you referred to Scots? FRIEND EMPLOYEE - Name: \_\_\_\_\_ WALK-IN  
 EMPLOYMENT AGENCY SCHOOL NEWSPAPER AD OTHER \_\_\_\_\_

## REFERENCES

	NAME	PHONE NUMBER	COMPANY or TITLE	YEARS KNOWN
1				
2				
3				



# Application For Employment Continued

## EDUCATION

**Are you a High School Graduate?**

▲ **HIGH SCHOOL** \_\_\_\_\_ ▲ **CITY** \_\_\_\_\_ ▲ **STATE** \_\_\_\_\_ YES    NO

College Attended \_\_\_\_\_ Major \_\_\_\_\_ Completed Years \_\_\_\_\_ Degree YES    NO

Trade, Business or Other Certifications (from training) \_\_\_\_\_

Military Service    YES    NO    Branch: \_\_\_\_\_    Honorable Discharge    YES    NO

If you answered "No" to Honorable Discharge, please explain: \_\_\_\_\_

Present Membership in Active Reserves: \_\_\_\_\_

## SKILLS

As a requirement for certain landscaping work and job, are you able to lift, with reasonable accommodation, 50 lbs. on a regular basis?    YES    NO

**Trade Skills** (list apprenticeships, trade skills, career schooling, other skills) \_\_\_\_\_

Specialized Skills \_\_\_\_\_

**Office/Computer Skills** (check all applicable)    Windows    Word Processing    Spreadsheet    Calculator    Cash Register    Typewriter

List other Office/Computer Skills (if any) \_\_\_\_\_

**Equipment Skills** (check all applicable)    Chain Saws    BobCats    Dump Truck    Dump Truck with Trailer    Welder    Hand/Power Tools

Hand/Power Tools (list all) \_\_\_\_\_

**Landscape Skills** (check all applicable)    Can you?    Measure    Perform Elevations    Read Layouts/Drawings

Where did you use these skills last? \_\_\_\_\_ Other Landscape Experience \_\_\_\_\_

Where did you learn these skills and how long ago? \_\_\_\_\_

Have you supervised employees?    YES    NO    Explain Supervision Experience \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE. APPLICANT, SEE NEXT PAGE.**

▲ <b>INTERVIEWED BY</b> _____	_____ / _____ / _____ ▲ <b>INTERVIEW DATE (MM/DD/YY)</b>
REMARKS _____	
NEATNESS _____ ABILITY _____	
HIRED    YES    NO    POSITION _____ START DATE _____	
SALARY/WAGE \$ _____ PER _____ APPROVED BY (MANAGER) _____	



# Application For Employment Continued

## WORK HISTORY (LIST YOUR LAST 3 EMPLOYERS BELOW, MOST RECENT FIRST)

EMPLOYER/COMPANY NAME \_\_\_\_\_ EMPLOYER ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ SUPERVISOR PHONE \_\_\_\_\_

JOB POSITION \_\_\_\_\_ DESCRIPTION OF BUSINESS \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

DATES EMPLOYED: FROM \_\_\_\_\_ TO \_\_\_\_\_ HOURLY RATE/SALARY: STARTING \_\_\_\_\_ ENDING \_\_\_\_\_

PROVIDE A DESCRIPTION OF WORK PERFORMED AT THIS JOB:

EMPLOYER/COMPANY NAME \_\_\_\_\_ EMPLOYER ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ SUPERVISOR PHONE \_\_\_\_\_

JOB POSITION \_\_\_\_\_ DESCRIPTION OF BUSINESS \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

DATES EMPLOYED: FROM \_\_\_\_\_ TO \_\_\_\_\_ HOURLY RATE/SALARY: STARTING \_\_\_\_\_ ENDING \_\_\_\_\_

PROVIDE A DESCRIPTION OF WORK PERFORMED AT THIS JOB:

EMPLOYER/COMPANY NAME \_\_\_\_\_ EMPLOYER ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ SUPERVISOR PHONE \_\_\_\_\_

JOB POSITION \_\_\_\_\_ DESCRIPTION OF BUSINESS \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

DATES EMPLOYED: FROM \_\_\_\_\_ TO \_\_\_\_\_ HOURLY RATE/SALARY: STARTING \_\_\_\_\_ ENDING \_\_\_\_\_

PROVIDE A DESCRIPTION OF WORK PERFORMED AT THIS JOB:



# Application For Employment Continued

**Scots Landscape Nursery**  
**“An Equal Opportunity Employer”**  
**“Drug-Free Workplace”**

## APPLICANT AUTHORIZATION TO RELEASE INFORMATION

It is the policy of the Company to provide equal opportunity in employment to all employees and applicants regardless of race, religion, sex, age, national origin, disability or military status and no person will be discriminated against, in employment decisions. Additionally, no information will be requested or discussed that reflects any protected characteristic information of individuals for the purposes of hiring, promoting or transferring candidates for positions within the company.

I authorize Scots Landscape Nursery and its representatives to contact any company, institution or individual it deems appropriate to investigate my employment history, work performance, character qualifications, attendance records, driving record and any other job related information within the law.

I give my full consent for all contacted persons including former employers to provide the information requested according to the above stated policy and concerning this application. I waive my rights to bring any cause of action against these individuals for any and all liability for damages arising from furnishing the requested information to Scots Landscape Nursery.

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▲ SIGNATURE

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
▲ DATE (MM/DD/YY)

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▲ NAME (PLEASE PRINT)

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▲ DRIVERS LICENSE NUMBER & STATE  
(IF APPLICABLE)



# Application For Employment Continued

## EQUAL OPPORTUNITY EMPLOYMENT POLICY

It is the policy of Scots Landscape Nursery and all divisions thereof, that applications for employment are recruited, selected, and hired on the basis of individual merit and ability with respect to positions being filled and potential for promotions or transfer which may not be expected to develop. Applicants are to be recruited, selected and hired without discrimination because of race, religion, sex, age, national origin, handicap or disability.

In addition, personnel procedures and practices with regard to training, promotion, transfer, compensation, demotion, lay-off, or termination are to be administered with due regard to job performance, experience, and qualifications and without discrimination because of race, religion, sex, age, national origin, handicap, or disability.

I certify that all information contained in this application is true, complete and correct, to the best of my knowledge, and I understand that any material omission, misrepresentation, or falsification of information, is grounds for dismissal from or refusal of employment. I hereby authorize the investigation of all statements contained in this application.

I also hereby authorize Scots Landscape Nursery, to prepare or cause to be prepared an investigative report that may include information as to my character, general reputation, personal characteristics, and mode of living which will be based upon interview with my neighbors, friends, and associates. Upon my written request, the type, complete nature and scope of the investigation will be disclosed. If employment is denied either wholly or partly because of an adverse investigative report, I understand that I will be advised of the facts including the name and address of the reporting company.

I authorize the references given in this application and through other means to give you all information within the scope of this policy concerning my previous employment and pertinent information they may have, personal and otherwise and I release all parties from liability for any damages that may result from furnishing my information to you.

It is my understanding that if hired, my continued employment would be contingent upon my adhering to the rules, regulations, policies, and procedures in effect and failure to do so can result in termination without notice.

I further understand that if hired, failure on my part to carry out my customary duties as requested and instructed by supervision can result in my termination, and management is under no obligation to provide employment to me for a specified time.

▲ SIGNATURE

▲ DATE

## TERMS OF EMPLOYMENT

I, the undersigned, state that all information given by my in this application is true to the best of my knowledge. I authorize Scots Landscape Nursery, (hereafter called company) to verify such information and to contact any reference given by me. Should I be employed by the company, I agree to the following:

1. My employment shall be in accordance with the terms of (A) this application, (B) company rules, regulations and policies and any amendments thereto, and (C) any applicable employment agreement. The company shall reserve the right to amend, modify or revoke its policies, rules and regulations at any time with or without notice. I will familiarize myself with such policies, rules, and regulations, and will abide and be bound now and hereafter in effect.
2. I understand that if employed, I am an "Employee at Will" and my employment may be terminated by the company, at any time, with or without cause or notice. The company's only obligation is to pay wages or salaries earned by me to the date of termination. Without limitation, failure to abide by company policies, rules or regulations, failure to pass any company physical examination and the falsification of any information given by me in application will entitle the company to terminate my employment.
3. I will submit to medical examinations or testing by a physician appointed by the company at such time(s) as it may request and I will submit to such examination before making any claim against the company for injuries suffered in connection with my work.
4. I agree that employment may be contingent upon my meeting all placement considerations including medical requirements.
5. If any injury to me or death in connection with my employment shall be subject to workers' compensation laws, I waive for myself and in my behalf, all actions against the company for damages for such injury or death and agree to accept the applicable compensation award provided by the laws of the state in which I am working at the time of such injury or death.
6. The company shall have the right at any time after the termination of my employment to furnish to others my employment record with the company including the information contained in this application.
7. I agree not to disclose any of the company's trade secrets or other confidential or restricted information and not to make use of such trade secrets or confidential or restricted information in any fashion during employment or after my employment with the company is terminated.

I also, understand that falsification of this information in connection with employment will be grounds for immediate termination of when such falsification is discovered.

▲ SIGNATURE

▲ DATE