



Triangle Landscape Supplies

EMPLOYMENT APPLICATION

We appreciate the opportunity to review your qualifications for employment with our company. So that we can thoroughly consider your special skills and abilities, we would appreciate your completion of our Employment Application. This employment application will only be valid for 30 days from the date of this application. If you wish to be considered for employment subsequent to that date, a new application must be completed.

Thank you!

Applicant Name: _____

Telephone Number: _____

Email Address: _____

Date Submitted: _____

TRIANGLE LANDSCAPE SUPPLIES
AN EQUAL OPPORTUNITY EMPLOYER
APPLICATION FOR EMPLOYMENT

PLEASE READ BEFORE FILLING OUT THIS APPLICATION:

TLS does not discriminate in hiring or employment on the basis of race, color, sex, religion, disability, national origin, citizenship or on the basis of age with respect to persons 18 years or older. No questions on this application are intended to be used to secure information to be used to confirm the qualifications. Proof of identity and work authorization will be required upon employment in accordance with federal regulations.

PERSONAL DATA

18 YEARS OR OLDER: YES _____ NO _____

NAME _____
(last) (first) (middle)

ADDRESS _____
(street) (city) (state) (zip)

Have you ever been convicted of a crime other than a minor traffic violation? Yes _____ or No _____

If yes, explain\ (A "yes" answer to this question does not necessarily prelude considerations for employment)

EDUCATIONAL DATA

Circle Highest Grade Completed												1 2 3 4 5					1 2 3 4							
Grade, Junior High, or High School												College or University					Graduate							
Type of School	Name of School											Location					Major Subject				Did You			
Graduate																								
List other degree(s) obtained																								

EMPLOYMENT

Job Applied for _____ Desired Hourly Rate _____

Have you ever applied here before? _____ When? _____

Have you ever worked for this company before? _____ When? _____

When could you report to work?

Are there any days, shifts or hours you will not work? _____ If yes, please explain _____

Are you willing to work overtime as necessary? _____ yes _____ no

WORK HISTORY (most current employment first please)

Company Name	Address	Telephone Number	From mo/yr to mo/yr
Type of Business	Supervisor's Name/Title	Starting Salary	Final Salary
Your Position(s)/Title	Responsibilities/Duties		
Specific Reason for Leaving			

Company Name	Address	Telephone Number	From mo/yr to mo/yr
Type of Business	Supervisor's Name/Title	Starting Salary	Final Salary
Your Position(s)/Title	Responsibilities/Duties		
Specific Reason for Leaving			

Company Name	Address	Telephone Number	From mo/yr to mo/yr
Type of Business	Supervisor's Name/Title	Starting Salary	Final Salary
Your Position(s)/Title	Responsibilities/Duties		
Specific Reason for Leaving:			

Company Name	Address	Telephone Number	From mo/yr to mo/yr
Type of Business	Supervisor's Name/Title	Starting Salary	Final Salary
Your Position(s)/Title	Responsibilities/Duties		
Specific Reason for Leaving:			

DRIVING RECORD if APPLICABLE: (Answer only if driving is a requirement of the job for which you are applying.

Do you have a valid driver's license? Yes _____ No _____ State _____ License No. _____

Have you had any tickets in the past five (5) years? Yes _____ No _____ If yes please explain:

Has your license ever been suspended or revoked? Yes _____ No _____ If yes, please explain:

Do you have any DUI or DWI convictions? Yes _____ No _____ If yes, please state when you were convicted, explain:

MILITARY

Branch of Service _____ Rank at Discharge _____ Number of years of Service _____

Duties in the service, including schools and training:

SPECIFIC SKILLS

What knowledge, special technical or computer skills and/or other qualifications have you acquired from employment or other experiences that you feel will be beneficial to this company?

WORK REFERENCES

Give three references that are not relatives:

NAME

OCCUPATION

YEARS KNOWN

CELL PHONE

(1)

(2)

(3)

APPLICANT'S ACKNOWLEDGEMENT

I certify that the answers given here are true and complete to the best of my knowledge. I understand that any misrepresentation, omissions of facts or incomplete answers will disqualify me from further consideration of employment. I further understand that, if employed, any misrepresentations or omissions of facts in any application document will be cause for my dismissal at any time without prior notice.

I understand that, if employed, my employment is not for a specific time and may be terminated by me or my Employer(s) with or without notice or cause at any time. I further understand that no oral promise, Employer(s) policy, custom, business practice or other procedure (including the Personnel Handbook or any personnel manual) constitutes an employment contract or modification of the at-will employment relationship between me and the Employer(s).

I understand that applicants for certain positions may be required to qualify for employment based on additional employment criteria. For example, I may be required to take job-related tests; take a driver's examination; submit to a background investigation; take a pre-employment, for cause or random drug test. If I am offered employment or start work before any required test is completed, my employment is contingent on a satisfactory result on any required test or background.

I acknowledge that this application will remain active for thirty days from this date. If I have not heard from the Company at the conclusion of this 30-day period, it is my responsibility to complete a new application if I still wish to be considered for employment

Signature _____ Date _____

TRIANGLE LANDSCAPE SUPPLIES APPLICANT MUST READ, INITIAL, SIGN AND DATE

I hereby certify that I have read and fully understand this application. Prior to signing below, I had the opportunity to ask the TLS Representative about this application and to clarify any questions I might have had concerning this application. _____ (initial)

I hereby certify that the answers given by me on this application form are all true and correct. I understand and agree that any misrepresentations or intentional omissions made by me on this application, or other documents used by TLS in support of this application, and/or made during any interviews conducted in conjunction with my application for a driver position, will be sufficient reason to render me ineligible or result in my subsequent termination by TLS at any time. I Understand and agree that the denial of a driver position or my termination for such grounds shall be without liability to TLS. _____ (initial)

I understand that TLS may require additional information from me and others regarding a driving position within the company and I agree to provide that information. _____ (initial)

I understand and agree that this application does not constitute an offer to use the applicant as a driver by TLS either express or implied. I also understand and agree that TLS does not guarantee a driver position, and that an employment contract, either express or implied, is not created in the event I may eventually be offered a driver position within TLS. Further, I understand and agree that no representative of TLS has the authority to enter into an agreement, either express or implied, to comment to the utilization of my services for any specific period of time. _____ (initial)

I understand that if I am hired by TLS I will be expected to abide by the company work and safety rules and agree to abide fully by those rules. I understand and agree that failure to abide by any rule will be sufficient reason for my termination by TLS at any time, and I understand and agree that my termination for such grounds shall be without liability to TL. _____ (initial)

I understand and fully agree that this application is limited to the specific position for which I am applying. I understand and agree that in order to be offered a driver position with TLS I must be able to perform the essential functions of the job (without, or with reasonable accommodation as may be required). _____ (initial)

I understand and agree that, if I am offered a position, TLS may condition the offer upon the results of a physical examination and drug and alcohol tests and that the taking or passing of either or both does not guarantee that I will be offered a position as a driver. _____ (initial)

I understand that applicants for certain positions may be required to qualify for employment based on additional employment criteria. For example, I may be required to take job-related tests; take a driver's examination; submit to a background investigation; take a pre-employment drug test. If I am offered employment or start work before any required test is completed, my employment is contingent on a satisfactory result on all required tests. I authorize TLS to release the results of background checks (if any), my pre-employment drug/alcohol test (if any), any information in this application and any other relevant information about me to TLS clients from whom I have applied for employment, and release TLS from any and all claims related to the release of this information to TLS clients from whom I have applied for employment. _____ (initial)

I understand and agree that applications for a driver position will only remain in an active status for a period of thirty (30) days from the application date, and that if I am not offered the position for which I am applying within the thirty (30) day period this application will not be considered for other positions or openings. I understand, however, that I may reapply to TLS under the same conditions, by completing and submitting a new application. _____ (initial)

Signature: _____ Date: _____

Triangle Landscape Supplies, Inc.
10706 Chapel Hill Rd
Morrisville, NC 27560

Please be sure to attach
copy of Driver's License

TO: Employees and Applicants for employment

Subject: Privacy Notification

A motor vehicles report or other investigative reports may be requested in connection with your employment. Any information which we have or may obtain about you or other individuals will be treated confidentially however it could impact our decision regarding your eligibility as a driver for our company.

You have the right to see personal information collected about you, and you have the right to correct any information which may be incorrect.

By signing below, you are granting us permission to pull the records needed to make a prudent decision regarding your eligibility as a driver under our insurance policy.

Name _____

Mailing Address _____

_____, ____

Date of Birth: ____/____/____

Drivers License # _____ State _____

Type of Driving Experience:

Signature _____

Date _____

CONFIDENTIAL

Background Check Authorization

Print Name: _____
(First) (Middle) (Last)

Former Name(s) and Dates Used: _____

Current Address Since: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

Social Security Number: _____ DOB: _____

Telephone Number: _____

Drivers License Number/State: _____

The information contained in this application is correct to the best of my knowledge.

I hereby authorize _____ and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; credit reports, current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to _____ or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources. _____ and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Signature: _____ Date: _____