

Forever Green, Inc.

DATE: _____

Beautifying and Maintaining the Lowcountry since 1989www.fgicharleston.com

Application for Employment

S.S. #: _____

The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, gender, religion or national origin. The Age Discrimination in Employment Act of discrimination on the basis of age with respect to individuals who are at least 40 years of age but less than 70. Title 1 employment provisions of the Americans with Disabilities prohibits discrimination against qualified individuals with disabilities in job application procedures.

Personal Information

NAME

(LAST)

(FIRST)

(MIDDLE)

(STREET)

(CITY)

(STATE)

(ZIP)

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE UNITED STATES? YES NO

ARE YOU 18 YEARS OR OLDER? YES NO

POSITION APPLIED FOR _____ REFERRED BY _____

EVER APPLIED TO THIS COMPANY BEFORE? YES NO IF YES, WHEN? _____

WOULD YOU PREFER TO WORK Full Time Part Time DATE AVAILABLE _____

ARE YOU EMPLOYED NOW? YES NO SALARY DESIRED _____ PHONE _____

DOES YOUR PRESENT EMPLOYER KNOW OF YOUR PLANS TO CHANGE? YES NO

MAY WE CONTACT THE EMPLOYERS LISTED BELOW? YES NO IF NOT INDICATE WHICH ONE(S) YOU DO NOT WISH US TO CONTACT _____

Please list any additional skills or equipment that you have experience with that relates to the position for which you are applying:

U.S. ARMED FORCES? YES NO BRANCH _____ RANK AT DISCHARGE _____

IN CASE OF EMERGENCY PLEASE NOTIFY: _____

(NAME)

(ADDRESS)

(PHONE)

EDUCATION	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	GRADUATED	COURSE OR MAJOR
HIGH SCHOOL				
COLLEGE				

TRADE, BUSINESS OR CORRESPONDENCE				
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Forever Green, Inc.

FORMER EMPLOYERS

List Below Last Three Employers, starting with the most recent one first

Name of Present or Last Employer				
Address		City	State	Zip
Start Date	Leaving Date	Job Title		
Weekly Starting Salary	Final Salary	May we contact your Supervisor?		
Supervisors Name		Title	Phone No.	
Description of Work				
Reason for Leaving				

Previous Employer				
Address		City	State	Zip
Start Date	Leaving Date	Job Title		
Weekly Starting Salary	Final Salary	May we contact your Supervisor?		
Supervisors Name		Title	Phone No.	
Description of Work				
Reason for Leaving				

Previous Employer				
Address		City	State	Zip
Start Date	Leaving Date	Job Title		
Weekly Starting Salary	Final Salary	May we contact your Supervisor?		
Supervisors Name		Title	Phone No.	
Description of Work				
Reason for Leaving				

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GENERAL

Subjects of Special Study or Research Work
Special Training
Special Skills

REFERENCES

Below, Give the Names of Three Persons You Are NOT Related to, Whom you have Known At Least One Year

NAME	ADDRESS	BUSINESS	YRS KNOWN

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 5 YEARS?	YES	NO
If YES, Explain. (Will not necessarily exclude you from consideration)		

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release the the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative."

Date	Signature
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FOR OFFICE USE ONLY (do not write below this line)

RESULT

DATE OF HIRE

WAGE

OTHER