



APPLICATION FOR EMPLOYMENT
ALL SPACES MUST BE FILLED ENTIRELY BEFORE APPLICATION WILL BE ACCEPTED

Last Name		First Name		Middle Initial		Date of this application:	
Street Address		City/State		Zip Code		Phone Number:	
Date of Birth:				If hired, can you provide evidence of legal eligibility to work in the U.S.?			
Do you have reliable transportation?							
Driver's license number:				State of issuance:			
Is your license currently suspended or revoked?				If yes, why?			
Position Desired:		Wage/Salary Desired:		Full Time _____		Part Time _____	
				Temporary _____			
Date you can begin work?							
Have you ever been convicted of a felony, or a misdemeanor involving any violent act, use or possession of a weapon, or act of dishonesty for which the record has not been sealed or expunged, or do you have such a case pending?				If yes, when?		If yes, where?	
Do you smoke?				Do you use any other tobacco products?			
Have you ever failed a drug test?				If yes, when?			
Do you have any allergies, ailments, disability, or pre-existing conditions that would prevent you from performing tasks related to the position you are seeking?				If so, what are they and are you taking medication or receiving treatment?			
Name of high school attended:		City & State		Graduate date		GED	
Name of college or technical school:		City & State		Graduate date		Degree	
						Major	
Are you presently enrolled in school?				If yes, give name of school and expected graduation date:			

List any job-related skills, or accomplishments, including military service, as well as any licenses or certifications held:

List equipment and vehicles or other machinery you have experience with:

Landscape/Plant experience? _____ If yes, describe:

Irrigation experience? _____ If yes, describe:

Exterior lighting experience? _____ If yes, describe:

Availability For Work

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:							
To:							

Total hours per week you are available to work:

Do you have any special requests or needs for a work schedule (i.e. child care, regular appointments, etc.)?

Give Three References That Are Not Former Employers Who We May Contact

Name and Occupation	How do you know them, and for how long?	Phone Number

Employment History

List names of employers with present or last employer listed first.

Please make a note if you wish for us to not contact your present employer until after you are offered a position.

Name of Employer:	Dates of Employment: From: _____ To: _____
Address:	Hourly pay or salary: Starting pay: _____ Ending pay: _____
City, State, Zip Code	Reason for Leaving:
Supervisor Name: Telephone:	Hours per week:
Job Title: Duties:	
Name of Employer:	Dates of Employment: From: _____ To: _____
Address:	Hourly pay or salary: Starting pay: _____ Ending pay: _____
City, State, Zip Code	Reason for Leaving:
Supervisor Name: Telephone:	Hours per week:
Job Title: Duties:	
Name of Employer:	Dates of Employment: From: _____ To: _____
Address:	Hourly pay or salary: Starting pay: _____ Ending pay: _____
City, State, Zip Code	Reason for Leaving:
Supervisor Name: Telephone:	Hours per week:
Job Title: Duties:	

CAREFULLY READ EACH STATEMENT BEFORE SIGNING AT THE BOTTOM

I certify that all of the information provided in this employment application is true and complete to the best of my knowledge, and I authorize investigation of all statements contained in this application. I understand that any false or incomplete information may disqualify me from further consideration for employment and may result in my immediate discharge if discovered at a later date.

I understand and acknowledge that unless otherwise defined by applicable law or written agreement with Magnolia Green, LLC, any employment relationship with the Magnolia Green, LLC is considered "employment at will." This means the Employee may resign at any time and the Employer may discharge the Employee at any time, with or without cause, and with or without advance notice.

I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer, past employers, and other organizations to provide information concerning my previous employment and other relevant information that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

Should any of this form be left blank, then Magnolia Green may choose to disregard this application. Fill out all portions of this form in its entirety.

Magnolia Green is a tobacco and drug free work place. There is no leniency with this policy and those that break it will be immediately dismissed.

I have read, understand, and agree to the above statements.

Signature: _____

Date: _____

Email, mail or fax completed form to:

Magnolia Green
6451 J O Thomas Rd
Toomsaba, MS 39364
(601) 632-4733 phone
(866) 753-6333 fax
magnoliagreen@magnoliagreen.net
www.MagnoliaGreen.net