



**EDUCATION:** School: Name/Address Course of Study Circle Last Year Completed Did You Graduate? Diploma/Degree

High School or GED			1 2 3 4		
College			1 2 3 4		
College			1 2 3 4		
Technical, Business or Professional			1 2 3 4		

**LIST ALL PROFESSIONAL LICENSES/CERTIFICATIONS EVER HELD** (start with the most current):

Type	State	Expiration Date	Registration No.

For additional writing space, please use the backside of this page →→→ →→→ →→→

Has your professional license ever been suspended, conditioned or revoked in any state? \_\_\_No \_\_\_Yes If yes, please explain:

List professional, trade, business or civic activities and offices held. (You may exclude those which indicate race, color, religion, sex, age, national origin, disability.) \_\_\_\_\_

**EMPLOYMENT**

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names which indicate, for example, race, color, religion, sex, age, disability, or national origin.

Employer Name	Telephone ( )	Dates Employed		Summarize the nature of the work you performed
Address		From	To	
Job Title		Hourly Rate/Salary		
Immediate Supervisor/Title		Starting	Final	
Reason for Leaving				
May we contact for reference? ___ Yes ___ No ___ Later				

Employer Name	Telephone ( )	Dates Employed		Summarize the nature of the work you performed
Address		From	To	
Job Title		Hourly Rate/Salary		
Immediate Supervisor/Title		Starting	Final	
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Immediate Supervisor/Title		Starting	Final	
Reason for Leaving				
May we contact for reference? ___ Yes ___ No ___ Later				

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**PROFESSIONAL REFERENCES:** List names and telephone numbers of three professional references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name & Address	Telephone Number	Years Known
	( )	
	( )	
	( )	

State any additional information you feel may be helpful to us in considering your application: \_\_\_\_\_

\_\_\_\_\_

## APPLICANT'S STATEMENT

I understand and agree that any misrepresentation by me in this application will be sufficient cause for rejection of this application and/or termination of employment if I am hereafter employed by Professional Choice Lawn Care, LLC (PCLC). In consideration of my employment, I agree to conform to the policies and procedures of PCLC. Furthermore, if I am hired, I understand that I am free to resign at any time, and that PCLC reserves the right to terminate my employment at any time, with or without cause, and without prior notice. I understand that no representative of PCLC has authority to make any representations or assurances to the contrary.

I understand that if you make an offer of employment to me it will be a conditional offer of employment and I may be required to submit to a pre-employment work screen and to provide information in response to your medical inquiries, the results of which might disqualify me from employment. If requested, I agree to furnish such information and to submit to such a pre-employment work screen.

In accordance with the Drug-Free Workplace Act of 1988, PCLC has established a Drug-Free Workplace company-wide policy. It is our policy to maintain a work environment that is safe for all employees and conducive to attaining high work standards. Therefore, if an offer of employment is made, hiring is contingent upon me, the applicant, passing a drug test. I understand that I will be requested to submit to a test to detect the current illegal use of drugs and, if the test results identify that I am a current illegal user of drugs, I will not be eligible for employment by PCLC. I further understand that I have the right to refuse to submit to such tests of my own free will, but that such refusal may be used as grounds to withdraw any conditional offer of employment.

I understand that PCLC may obtain a Consumer Report / Investigative Consumer Report for the purpose of evaluating me for employment, promotion, reassignment, or retention. I understand that I am entitled to obtain, by written request, disclosure of the nature and scope of the report.

PCLC is an equal opportunity and affirmative action employer and PCLC does not discriminate in employment. No question on this application is used for the purpose of limiting or excluding PCLC's consideration of me for employment on a basis prohibited by federal, state or local law, nor is it used by PCLC for the purpose of attempting to obtain information prohibited by federal, state or local law.

I understand that PCLC will consider this application to contain current information for a period of only sixty (60) days. I understand it will be necessary for me to complete a new application for future open, advertised positions.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE ABOVE STATEMENT.

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Signature

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Date



**An Equal Opportunity and Affirmative Action Employer**

We comply with all Family and Medical Leave Act rules and regulations.

## EMPLOYEE RIGHTS AND RESPONSIBILITIES UNDER THE FAMILY AND MEDICAL LEAVE ACT

### Basic Leave Entitlement

FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to eligible employees for the following reasons:

- For incapacity due to pregnancy, prenatal medical care or child birth;
- To care for the employee's child after birth, or placement for adoption or foster care;
- To care for the employee's spouse, son or daughter, or parent, who has a serious health condition; or
- For a serious health condition that makes the employee unable to perform the employee's job.

### Military Family Leave Entitlements

Eligible employees with a spouse, son, daughter, or parent on active duty or call to active duty status in the National Guard or Reserves in support of a contingency operation may use their 12-week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings.

FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered servicemember during a single 12-month period. A covered servicemember is a current member of the Armed Forces, including a member of the National Guard or Reserves, who has a serious injury or illness incurred in the line of duty on active duty that may render the servicemember medically unfit to perform his or her duties for which the servicemember is undergoing medical treatment, recuperation, or therapy, or is in outpatient status; or is on the temporary disability retired list.

### Benefits and Protections

During FMLA leave, the employer must maintain the employee's health coverage under any "group health plan" on the same terms as if the employee had continued to work. Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms.

Use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

### Eligibility Requirements

Employees are eligible if they have worked for a covered employer for at least one year, for 1,250 hours over the previous 12 months, and if at least 50 employees are employed by the employer within 75 miles.

### Definition of Serious Health Condition

A serious health condition is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee's job, or prevents the qualified family member from participating in school or other daily activities.

Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than 3 consecutive calendar days combined with at least two visits to a health care provider or one visit and a regimen of continuing treatment, or incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.

### Use of Leave

An employee does not need to use this leave entitlement in one block. Leave can be taken intermittently or on a reduced leave schedule when medically necessary. Employees must make reasonable efforts to schedule leave for planned medical treatment so as not to unduly disrupt the employer's operations. Leave due to qualifying exigencies may also be taken on an intermittent basis.

### Substitution of Paid Leave for Unpaid Leave

Employees may choose or employers may require use of accrued paid leave while taking FMLA leave. In order to use paid leave for FMLA leave, employees must comply with the employer's normal paid leave policies.

### Employee Responsibilities

Employees must provide 30 days advance notice of the need to take FMLA leave when the need is foreseeable. When 30 days notice is not possible, the employee must provide notice as soon as practicable and generally must comply with an employer's normal call-in procedures.

Employees must provide sufficient information for the employer to determine if the leave may qualify for FMLA protection and the anticipated timing and duration of the leave. Sufficient information may include that the employee is unable to perform job functions, the family member is unable to perform daily activities, the need for hospitalization or continuing treatment by a health care provider, or circumstances supporting the need for military family leave. Employees also must inform the employer if the requested leave is for a reason for which FMLA leave was previously taken or certified. Employees also may be required to provide a certification and periodic recertification supporting the need for leave.

### Employer Responsibilities

Covered employers must inform employees requesting leave whether they are eligible under FMLA. If they are, the notice must specify any additional information required as well as the employees' rights and responsibilities. If they are not eligible, the employer must provide a reason for the ineligibility.

Covered employers must inform employees if leave will be designated as FMLA-protected and the amount of leave counted against the employee's leave entitlement. If the employer determines that the leave is not FMLA-protected, the employer must notify the employee.

### Unlawful Acts by Employers

FMLA makes it unlawful for any employer to:

- Interfere with, restrain, or deny the exercise of any right provided under FMLA;
- Discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

### Enforcement

An employee may file a complaint with the U.S. Department of Labor or may bring a private lawsuit against an employer.

FMLA does not affect any Federal or State law prohibiting discrimination, or supersede any State or local law or collective bargaining agreement which provides greater family or medical leave rights.

FMLA section 109 (29 U.S.C. § 2619) requires FMLA covered employers to post the text of this notice. Regulations 29 C.F.R. § 825.300(a) may require additional disclosures.



For additional information:  
1-866-4US-WAGE (1-866-487-9243) TTY: 1-877-889-5627  
[WWW.WAGEHOUR.DOL.GOV](http://WWW.WAGEHOUR.DOL.GOV)



## JOB APPLICANT VOLUNTARY SELF-IDENTIFICATION FORM

Professional Choice Lawn Care, LLC is an equal opportunity and affirmative action government contractor subject to Executive Order 11246, Section 503 of the Rehabilitation Act of 1973, as amended, and Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended. The following statistical information is used only for compliance with these federal laws assuring equal employment opportunity and affirmative action to employ and advance in employment without regard to race, color, sex, national origin, religion, age, genetic information, disability, veteran status or any other classification protected by federal, state, or local law. Completion of this data is voluntary and will not affect your opportunity for employment or terms or conditions of employment, if hired. If you would like to be included under the affirmative action program, please tell us, now or at anytime in the future.

The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled individuals or disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by Office of Federal Contract Compliance Programs (OFCCP), or enforcing the Americans with Disabilities Act, may be informed.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Position Applied For: \_\_\_\_\_ Gender: \_\_\_ Male \_\_\_ Female

### Referral Source:

\_\_\_ Advertisement  
\_\_\_ Employment Agency  
\_\_\_ Department of Labor  
\_\_\_ Other-Specify \_\_\_\_\_  
\_\_\_ Website

**Race/Ethnic Identification:** (Please check one of the descriptions below corresponding to the ethnic group with which you identify.)

\_\_\_ **Hispanic or Latino:** A persons of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.

If you check the above, which race do you consider yourself \_\_\_ Hispanic or \_\_\_ Latino?

If you did not check "Hispanic or Latino" above, please check one of the following race/ethnic identifications.

\_\_\_ **White (Not Hispanic or Latino):** A person having origins in any of the original peoples of Europe, North Africa or the Middle East.

\_\_\_ **Black or African American (Not Hispanic or Latino):** A person having origins in any of the black racial groups of Africa.

\_\_\_ **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino):** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

\_\_\_ **Asian (Not Hispanic or Latino):** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

\_\_\_ **American Indian or Alaska Native (Not Hispanic or Latino):** A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

\_\_\_ **Two or More Races (Not Hispanic or Latino):** All persons who identify with more than one of the above five races.

\_\_\_ **Decline self-identification.**

**Disabled/Veteran Status:** (Please check all that apply.)

\_\_\_ **Individual with Disabilities:** Federal regulations define an individual with disabilities as one who (i) has a physical or mental impairment that substantially limits one or more major life activities; (ii) has a record of such impairment(s); or (iii) is regarded as having such impairment(s). It would assist us if you tell us about (i) any special methods, skills, and procedures which qualify you for positions that you might not otherwise be able to do because of your disability so that you will be considered for any positions of that kind.

\_\_\_ **Disabled Veteran:** Federal regulations define a disabled veteran as one served on active duty in the U.S. military ground, naval, or air service and is entitled to disability compensation (or who but for the receipt of military retired pay would be entitled to disability compensation) under laws administered by the Secretary of Veterans Affairs, or was discharged or released from active duty because of a service-connected disability. If you are a disabled veteran it would assist us if you tell us about (i) any special methods, skills, and procedures which qualify you for positions that you might not otherwise be able to do because of your disability so that you will be considered for any positions of that kind.

- \_\_\_\_\_ **Other Protected Veteran:** Federal regulations define a veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized.
- \_\_\_\_\_ **Armed Forces Service Medal Veteran:** Federal regulations defines an Armed Forces service medal veteran as a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a U.S. military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (61 FR 1209, 3CFR, 1996 Comp., p. 159).
- \_\_\_\_\_ **Recently Separated Veteran:** Federal regulations define a recently separated veteran as a veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.
- \_\_\_\_\_ **Decline self-identification.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**An Equal Opportunity and Affirmative Action Employer**