

Aardvark Bark Blowing

& Landscape Services, LLC 4906 112th Street E, Suite B, Tacoma, WA 98446 Ph: 253-531-3441 Fx: 253-536-1624 www.aardvarkbark.com

APPLICATION FOR EMPLOYMENT

		PERS	ONAL INFORMATION	Date:	
Last Name		First Name	Middle	Date of Birth	
Address	Number	Street	City	State Zip	Code
Telephone I	Number(s):	Home	Work	Cell	
Email Addre	ess:				
How did you hear about us? Internet Referred by Other Are you either a U.S. citizen or an alien authorized to work in the United States? INO Are you prevented from lawfully becoming employed in this country because of VISA or immigration status? If employment is offered, can you produce documentation required by law to establish work authorization and identity?					
			EMPLOYMENT DE	SIRED	
Position(s) applied for: Office Blower Operator / Driver Laborer / Helper Shop Hourly Rate/Salary desired?					

EDUCATION AND TRAINING

	Name and City of School	Years Completed	Diploma/Degree
Secondary School		5678	
High School, Prep School		9 10 11 12	
College, University		1234	
Graduate, Trade, Business School			

Describe any specialized training, licenses or certifications (Flagger Card, CPR Training, etc.):

Has any license or certification you have held been surrendered, suspended, or revoked for any reason? If so, please explain: _____

EMPLOYMENT EXPERIENCE

Starting with your **most recent employment**, provide your complete employment history. Include any job-related military service assignments and volunteer activities. Please be aware that your current employer may be contacted unless you ask us not to do so. If you provide a resume that contains some of the requested information, you must nonetheless complete the fields marked by an asterisk (*).

1. Employer*	From To
Address	_ Hourly Rate/Salary*
Telephone Number(s)	
Duties & Accomplishments	
Supervisor (Name and Title)	
Reason for leaving*	

EMPLOYMENT EXPERIENCE (CONTINUED)

2. Employer*		From	То		
Address			te/Salary*		
Telephone Number(s)					
Duties & Accomplishments					
Supervisor (Name and Title)		May we contact?			
Reason for leaving*					
3. Employer*			To		
Address		_ Hourly Ra	Hourly Rate/Salary*		
Telephone Number(s)					
Duties & Accomplishments					
Supervisor (Name and Title)		Ma	ay we contact?		
Reason for leaving*					
	REFERENCES				
Please provide names of 3 professional r <u>NAME</u> <u>TI</u>	references, not related to you, whom TLE HOME PHONE	•	at least one year. JSINESS PHONE		
1					
2					
3					
	SKILLS AND EXPERIENCE				
State any other skills or experience r helpful to us in considering your appl		are applying tha	t you think may b		

AT-WILL EMPLOYMENT DISCLAIMER AND APPLICANT'S AGREEMENT AND CERTIFICATION

I certify that the answers given in this application are true to the best of my knowledge, I understand that the use of this application form does not indicate that there are any positions open and does not in any way obligate Aardvark Bark Blowing, LLC. ("Aardvark").

I understand that should I be granted an interview, no representations that may be made at the interview are to be construed as creating any obligation, promise or contract on behalf of Aardvark. *Further, in the event I am hired, in consideration of my employment, I agree to conform to the policies and procedures of Aardvark, as they may from time to time be implemented or revised, and that my employment is "at-will" and can be terminated with or without cause at any time for any lawful reason at the option of either Aardvark or me. I understand that no supervisory, management or any other employee at Aardvark has any authority to make a commitment of guaranteed or continuing employment to me, and no document or publication of Aardvark or conduct of anyone at Aardvark should be interpreted to make such a guarantee, unless the owner of Aardvark specifically acknowledges such change in writing.*

I understand that false or misleading information given in my application, resumes, interview(s) or during the course of my employment may result in withdrawal of a job offer or discipline up to and including termination of employment, whenever the omission or falsehood is discovered. I understand that acceptance for employment shall depend on satisfactory replies from my references and other background checks. In the event I receive a job offer, I also understand that I may be subject to a drug test and/or a medical examination that I must pass before I commence work. I have read, understood and agree to the foregoing.

Signature of Applicant

Date

EXPERIENCE AND QUALIFICATIONS FOR DRIVER POSITIONS ONLY

	STATE	LICENSE NO.	TYPE	EXPIRATION DATE
DRIVERS				
LICENSES				

ACCIDENT RECORD FOR PAST 3 YEARS (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATE AND LOCATION OF ACCIDENTS (START WITH MOST RECENT)	NATURE OF ACCIDENT (HEAD-ON, REAR-END, ETC.)	FATALITIES	INJURIES

MAJOR MOTOR VEHICLE CONVICTIONS DURING THE PAST 3 YEARS**

DATE AND LOCATION WHERE CONVICTED (START WITH MOST RECENT)	NATURE OF MAJOR CONVICTION (DRIVING WHILE INTOXICATED, LEAVING SCENE OF AN ACCIDENT, HOMICIDE OR ASSAULT BY MOTOR VEHICLE)	FATALITIES	INJURIES

NOTICE OF BACKGROUND CHECK AND FAIR CREDIT REPORTING ACT DISCLOSURE

As part of the interview process, Aardvark Bark Blowing, LLC. ("Aardvark") may conduct a background check. If you are hired, Aardvark may also conduct a background check in deciding whether to continue your employment and when making other employment-related decisions directly affecting you. As part of the background check, Aardvark may obtain a "consumer report" from a "consumer reporting agency." These terms are defined in the Fair Credit Reporting Act ("FCRA"), which applies to you. A consumer report includes information regarding such issues as your credit standing, criminal record, motor vehicle record, character, and reputation. If Aardvark obtains a "consumer report" about you and considers any information in the "consumer report" when making an employment-related decision that directly and adversely affects you, you will be provided with a copy of the report before the decision is finalized. You may also contact the Federal Trade Commission in Washington, D.C., about your rights under the FCRA as a consumer with regard to "consumer reports" and the "consumer reporting agencies" that prepare these reports.

Your signature below authorizes Aardvark to obtain consumer reports regarding you from consumer reporting agencies in connection with your application and during the course of your employment.

Please provide the following information so that Aardvark may conduct the background check:

Social Security No.:	_
Driver's License No:	State:
Signature:	_
Print Name:	_
Print Former Name:	Dates Used:

Please note that the Consumer Reporting Agency may contact you directly to request additional information needed to perform the background check and that you are required to comply with any such request for information as part of the application process.

NOTICE TO APPLICANTS REGARDING PRE-EMPLOYMENT DRUG TESTING

Any individual applying for employment with Aardvark Bark Blowing, LLC. ("Aardvark") may be required to submit to a urinalysis drug test as a mandatory part of the employment application process.

This notice serves as a written statement of Aardvark's intention to conduct drug testing as part of the application process. The testing will be conducted in accordance with the procedures required by applicable state and federal regulations.

Tested applicants will be given a copy of any positive test result. All test results shall be considered confidential by Aardvark and shall not be disclosed to the employees of Aardvark, or any other person, other than to those persons for whom such disclosure is necessary. Positive test results, or a refusal to sign this consent form and participate in pre-employment drug testing, shall be grounds for denial of employment.

Arrangements for testing will be made by a representative of Aardvark in consultation with each applicant. Cooperation in scheduling the testing is important for processing an application.

Aardvark prohibits employees from possessing or being under the influence of alcohol or illegal drugs while performing work-related functions.

By signing below, you consent to be drug tested and acknowledge you have thoroughly read the foregoing notice, and you understand and agree that in order to be considered for employment with Aardvark, you will comply in full with Aardvark's drug and alcohol policies.

Applicant Signature

Date

Name (Please Print)

AUTHORIZATION TO COLLECT BACKGROUND INFORMATION

I have applied for employment with Aardvark Bark Blowing, LLC. ("Aardvark"). I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I authorize representatives of Aardvark to obtain pertinent information from my previous employers, references, and other persons with knowledge of my work history and background, financial history, education, regulatory or police records, driving records, licensing status or professional designation, and character or reputation, and to consider the information provided by the background check when making decisions regarding my employment at Aardvark. I authorize all previous employers, references or other persons having knowledge of my record or myself to release such information to Aardvark, and hereby release all persons from liability for any damage that may result from furnishing such information to Aardvark. A photocopy of this authorization may be accepted in lieu of the original.

Signature: _____ Print Name: _____

CRIMINAL BACKGROUND

THIS PORTION OF THE APPLICATION WILL ONLY BE REVIEWED BY THOSE INVOLVED IN INTERVIEWING THE APPLICANT, AND THE PERSON(S) MAKING THE HIRING DECISION.

Have you ever been convicted of or pleaded guilty or nolo contendere (no contest) to any violation of any state, federal, county, or municipal law, other than a minor traffic violation? ** Yes No No

If yes, please give information regarding the nature of the charge, the date and location of conviction and the final disposition of the case:

** Applicants are not required to disclose any information contained in sealed arrest and criminal records.

I understand that the information provided above will not necessarily result in the rejection of my application but that the nature of the information will be considered as it relates to the performance of the job duties in guestion and in light of the requirements of state and federal law.

Applicant's Signature:	Date:	
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