

Notice For All Employees & Applicants

Operating Statement

It is the policy of Landscaping Solutions of Iowa, Inc. to assure that applicants are employed, and that employees are treated during employment without regard to their race, religion, sex, color, national origin, age, disability, or any other classification protected by federal, state or local laws. Such action shall include: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including: apprenticeship, pre-apprenticeship, or on-the-job training.

We encourage all our employees to refer qualified and /or qualifiable women and minorities.

Designation of EEO/AA Officer

Landscaping Solutions of Iowa, Inc. has designated **Curtis Richey**, 805 Vernon Valley Dr. SE, Cedar Rapids, IA 52403, 319-899-0004 as the EEO/AA Officer. **Curtis Richey** has the responsibility to effectively administer and promote this Policy, and is assigned adequate authority and responsibility to do so.

Training Letter

Landscaping Solutions of Iowa, Inc. has an approved informal training and promotion program.

At this time, our company offers training programs in the following job classifications/areas.

The qualifications to be considered for our company's training program, a prospective trainee must be an employee in good standing and/or have supervisory approval. For further information, copies of individual job classifications/area training program outlines, you must request them from:

Nathan Andrews, President
805 Vernon Valley Dr. SE
Cedar Rapids, IA 52403
(319) 899-0003

Employment Application

Landscaping Solutions of Iowa, Inc. is an Equal Opportunity & Affirmative Action Employer

(Print neatly and complete all blanks)

PERSONAL	
Name (first, middle initial, last)	Date
Address	Email
City / State / Zip	
Phone	Social Security No.
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you legally able to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a military veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list dates of active duty: From _____ To _____	
Have you ever been known by any other name(s) that this company will require to verify any of the information on this application? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please list:	

EMPLOYMENT DESIRED		
Job Title	Date you can start	Wage Desired \$
Are you available to work <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Shift Work <input type="checkbox"/> Seasonal Are you on lay-off and subject to recall? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Can you travel if a job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No	Would you accept employment <input type="checkbox"/> Out of town <input type="checkbox"/> Statewide <input type="checkbox"/> Unaccompanied by Family?	
If the position you are applying for involves the driving of a vehicle or equipment which requires a license, do you have a valid license? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify the type of license: <input type="checkbox"/> Operating License <input type="checkbox"/> Commercial Drivers License		
License Number: _____ Expiration Date: _____ State of Issue: _____		
Have you had a motor vehicle accident or moving violation in the past 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain:		
What types and makes/models of construction equipment can you operate or repair?		
List any craft training programs in which you have participated.		

REFERENCES		
Include only individuals familiar with your work ability. Do not include relatives.		
Name	Address/Phone	Years Known/Relationship
Name	Address/Phone	Years Known/Relationship

(continued on page 2)

Your training and employment will be used to determine whether you meet the entrance requirements for this position and to measure your knowledge, skills, and abilities in competing for this position. Therefore, please provide a full and accurate description of the responsibilities and achievements in your jobs and other pertinent life experiences. Include self-employment, volunteer experience and any non-employment periods.

SPECIAL SKILLS AND QUALIFICATIONS
Summarize special skills and qualifications acquired from employment or other experience:
Do you have your own craft tools, clothing and other equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you attended High School, Vocation/Technical School or College? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please specify:

EMPLOYMENT HISTORY			
Former Employment (List employers, starting with the current or most recent. Explain all gaps in time of employment.)			
Company	Job Title		
Address / City / State / Zip			
Start Date _____	End Date _____	Rate of Pay _____	Hrs. / Wk. _____
Supervisor's Title _____	May we contact to verify this information? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Detailed Job Duties			
Reason for Leaving			

Company	Job Title		
Address / City / State / Zip			
Start Date _____	End Date _____	Rate of Pay _____	Hrs. / Wk. _____
Supervisor's Title _____	May we contact to verify this information? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Detailed Job Duties			
Reason for Leaving			

Company	Job Title		
Address / City / State / Zip			
Start Date _____	End Date _____	Rate of Pay _____	Hrs. / Wk. _____
Supervisor's Title _____	May we contact to verify this information? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Detailed Job Duties			
Reason for Leaving			

Company		Job Title	
Address / City / State / Zip			
Start Date _____	End Date _____	Rate of Pay _____	Hrs. / Wk. _____
Supervisor's Title		May we contact to verify this information? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Detailed Job Duties			
Reason for Leaving			

Company		Job Title	
Address / City / State / Zip			
Start Date _____	End Date _____	Rate of Pay _____	Hrs. / Wk. _____
Supervisor's Title		May we contact to verify this information? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Detailed Job Duties			
Reason for Leaving			

You may describe additional work experience or add more detail on a separate sheet of paper. Use the same format as used here. Be sure to include your social security number or driver's license number at the top of each page.

Federal and state law prohibit discrimination in hiring due to age, race, color, creed, sex, national origin, religion, disability or veteran's status.

CERTIFICATION AND RELEASE
<p>I certify that the information contained in this application is true, complete and accurate. I understand that, if employed, false statements or omissions on this application may result in rejection of my application or discharge at any time during my employment.</p> <p>I authorize investigation of all statements contained herein. I further authorize all individuals, companies, schools, corporations, courts and law enforcement agencies to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise. I release all parties from all liability for any damage that may result from divulging or using information.</p> <p>I understand and agree that, if hired, my employment is for no definite period and either I or the company can terminate the employment relationship at any time, with or without cause, and with or without notice. This employment relationship exists regardless of any other statements of policies to the contrary.</p> <p>I realize that under certain provisions of Iowa law, I may be required to submit to a post offer pre-employment physical (which will include a drug test) as a condition of my employment. I hereby agree to submit to such an examination if required so by company policy and permit disclosure of the results to the company.</p>
<p>Signature _____ Date _____</p>

Voluntary Survey

Landscaping Solutions of Iowa, Inc. is required by state and federal laws to furnish statistical data and to maintain records of certain population characteristics of those applying for jobs with us.

The information you supply will be used for statistical purposes only. If you are offered employment with Landscaping Solutions of Iowa, Inc., it will not be used as employment criteria.

Landscaping Solutions of Iowa, Inc. is an equal employment opportunity employer supporting diversity in the workplace.

Thank you for your cooperation in completing this form.

Name	
Address	
City / State / Zip	
Phone	Cell Phone
Date	Position Applied For
Referral Source: <input type="checkbox"/> Advertisement (list newspaper) _____ <input type="checkbox"/> Workforce Development (list location) _____ <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Walk In <input type="checkbox"/> Employment Agency (give name) _____ <input type="checkbox"/> Other (list source) _____	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Ethnic Origin: <input type="checkbox"/> White <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Hispanic <input type="checkbox"/> Other _____	
Check any of the following that are applicable: <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Vietnam Era Veteran <input type="checkbox"/> Disabled Individual	



(319) 377-1833

Motor Vehicle Report Request

The information collected in this section will be forwarded to our insurance agency for the purpose of providing a Motor Vehicle Report to Landscaping Solutions of Iowa, Inc.

Name (as shown on driver's license)

Date of Birth

Driver's License Number

State Issuing License

By signing my full name below, I give Landscaping Solutions of Iowa, Inc. permission to have their insurance agency run my Motor Vehicle Report and share the information with Landscaping Solutions of Iowa, Inc.

Employee Signature