

# Greenleaf Services Corporation

# Application for Employment

Federal and state laws require that all applications be considered without regard to race, color, religion, creed, sex, national origin, ancestry, age, disability, veterans' status, or status in any group protected by state or local law. We are committed to equal employment opportunity. This application, unless acted upon, is current for ninety (90) days, at the conclusion of which time, if you have not been contacted by Greenleaf Services Corporation and still wish to be considered for employment, it will be necessary for you to complete a new application.

<b>P E R S O N A L</b>	(Print) Last Name                      First                      Middle				Date of Application:	Home Phone: (    )
	Present Address: Street                      City    State    Zip Code    How Long?				Email Address:	Cell Phone: (    )
	Previous/Permanent Address:                      How Long?				Birth date <u>ONLY</u> if under 18 years old: / /	<b>** If Under 18 **</b> Please attach a copy of your employment certificate.
	Position(s) Applied For:		Check the shifts you are willing to work: <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup>		Check One: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
	Will You Work Overtime If Asked? <input type="checkbox"/> Yes <input type="checkbox"/> No				Rate of Pay Desired \$                      Per	Willing to Travel? <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>E D U C A T I O N</b>	Name of School		Address		Number of Years Completed	Did You Graduate? (Proof will be required)	Degree Type (i.e. Diploma, Certificate, BA, BS, MBA)	Course of Study or College Major
	High School					<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Vocational School					<input type="checkbox"/> Yes <input type="checkbox"/> No		
	College					<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Graduate School or Other					<input type="checkbox"/> Yes <input type="checkbox"/> No		

*Please list your GPA:*  
 High School    GPA: \_\_\_\_\_ out of a possible \_\_\_\_\_  
 Vocational School    GPA: \_\_\_\_\_ out of a possible \_\_\_\_\_  
 College    GPA: \_\_\_\_\_ out of a possible \_\_\_\_\_  
 Graduate or Other    GPA: \_\_\_\_\_ out of a possible \_\_\_\_\_

*Did you work during the School Term?*  
 High School    \_\_\_\_\_ No    \_\_\_\_\_ Yes: Average # hours per week: \_\_\_\_\_  
 Vocational School    \_\_\_\_\_ No    \_\_\_\_\_ Yes: Average # hours per week: \_\_\_\_\_  
 College    \_\_\_\_\_ No    \_\_\_\_\_ Yes: Average # hours per week: \_\_\_\_\_  
 Graduate or Other    \_\_\_\_\_ No    \_\_\_\_\_ Yes: Average # hours per week: \_\_\_\_\_

List Special Skills or Training: (For example: Seminars or classes attended; Computer software you are proficient with; Machinery you have operated; Work relevant skills you have acquired.)

<b>A C T I V I T I E S</b>	List no activity (unless you wish) which reveals your race, color, religion, creed, sex, national origin, ancestry, age, disability, veterans' status, or status in any group protected by state or local law.		
	School Activities: Athletic, Class, Scholastic, Social (Indicate Grade Level)	Community & Business, Social, Professional	Volunteer Activities (Unpaid Work Experience)

<b>U S M I L I T A R Y</b>	Branch of Armed Services:	Active Duty				Rank		List Relevant Major Duties/Training
		From		To		At Entry                      At Release		
		Mo	Yr	Mo	Yr			
Reserve Status:		Branch:						

E M P L O Y M E N T  R E C O R D	Name and Address and Phone Number of Employers	Dates Worked Mo/Yr	Name and Title of Immediate Supervisor	Title of Position & Description of Job Performed	Rate of Pay	Reason for Leaving
	Name (Present or Most Recent Employer)	From			Start	
	Address & Telephone Number	To			Leave	
	Name (Next Previous)	From			Start	
	Address & Telephone No.	To			Leave	
	Name (Next Previous)	From			Start	
	Address & Telephone No.	To			Leave	
<b>** If you have any Additional Work Experience, please list on the next page **</b>						
<b>May We Contact Your Present Employer?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Previous Employers?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No						

G E N E R A L	<b>Have You Ever Been Employed By Greenleaf Services Corporation or Greenleaf Corporation?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Where:	From	To
		Reason for Leaving:		
	Names of Friends or Relatives Employed by Greenleaf Services Corporation:			
	List any other special skills, qualifications, certifications, or facts which you have not already identified which you feel are relevant to your ability to perform the position(s) for which you have applied:			
	<b>Have you been convicted of a felony within the past ten years which has not been expunged?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If Yes,</b> be aware that you will not be automatically disqualified from consideration. <i>A complete list with dates of all convictions should be attached.</i>			
<b>Are you legally eligible for employment in the United States?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Proof of eligibility will be required if employed.</i>				

### APPLICANT'S STATEMENT AND AGREEMENT

(Read the following carefully before signing this Application for Employment.)

**My signature below indicates that I have read, I understand, and I agree to the following:**

- I hereby certify that the information I have provided in this application for employment is true and complete to the best of my knowledge. I understand that if I am hired, the discovery of any false information provided or any relevant information omitted (no matter when discovered) will result in the immediate termination of my employment.
- I hereby authorize Greenleaf Services Corporation to make a thorough investigation of my entire work history and to verify all data given in my Application for Employment, related papers, or oral interviews. I voluntarily authorize such investigation and I release from liability any person giving or receiving any such information.
- I understand that if an offer of employment is made to me it will be contingent upon my completion of a pre-employment physical examination at company expense to determine my ability to perform the job to the satisfaction of Greenleaf Services Corporation. I hereby consent to undergo that physical examination which may include any and all tests and procedures determined by Greenleaf Services Corporation to be helpful in evaluating my suitability for employment, including but not limited to urinalysis, controlled substance and/or alcohol testing. I authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the duties of a job I am being considered for prior to employment or in the future during my employment with Greenleaf Services Corporation.
- I understand that as a part of Greenleaf Services Corporation's procedure for processing employment applications, an investigation and/or a report may be made by a consumer reporting agency in the process of which information may be obtained through interviews with third parties, such as family members, business associates, financial sources, friends, neighbors, or others with whom I have been acquainted. This inquiry may include information as to my character, general reputation, and personal characteristics, whichever may be applicable. I hereby authorize Greenleaf Services Corporation to have such an investigation and/or report made. I understand that under the Federal Fair Credit Reporting Act, I have the right to make a written request within a reasonable period of time for a complete and accurate disclosure by Greenleaf Services Corporation of the nature and scope of the investigation requested. If this application for employment is denied either wholly or partly because of information contained in a consumer report from a consumer reporting agency, I understand that Greenleaf Services Corporation shall so advise me and shall supply me with the name and address of the consumer reporting agency making the report.
- My employment may be terminated by myself or Greenleaf Services Corporation at any time without Greenleaf's liability for wages or salary except such as may have been earned at the date of such termination.
- Although management makes every effort to accommodate individual preferences, I understand that business needs may at times make the following conditions mandatory; overtime, shift work, a rotating work schedule, or a work schedule other than Monday through Friday.
- In consideration of my employment, I agree to comply with the policies, rules, regulations, and procedures of Greenleaf Services Corporation and understand that my employment and compensation can be terminated with or without cause or notice, at any time, at the option of either Greenleaf Services Corporation or me. I further understand that no manager or representative of Greenleaf Services Corporation, other than the President, General Counsel, or Human Resources Manager has any authority to enter into any agreement with me for employment for any specified period of time or to make any agreement different from or contrary to any Greenleaf Services Corporation policy. I further understand that any such agreement, if made, shall not be enforceable unless it is in writing and signed by my and by one of the individuals designated above.

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

- Attach any additional information or documents to this Application -

# Greenleaf Services Corporation

*Please List All Additional Work Experience*

Employer Name Address and Phone Number	Dates Worked (Mo/Yr)	Name & Title of Immediate Supervisor	Position Held & Duties Performed	Rate of Pay	Reason for Leaving
	From:			Start:	
	To:			Leave:	

Employer Name Address and Phone Number	Dates Worked (Mo/Yr)	Name & Title of Immediate Supervisor	Position Held & Duties Performed	Rate of Pay	Reason for Leaving
	From:			Start:	
	To:			Leave:	

Employer Name Address and Phone Number	Dates Worked (Mo/Yr)	Name & Title of Immediate Supervisor	Position Held & Duties Performed	Rate of Pay	Reason for Leaving
	From:			Start:	
	To:			Leave:	

Employer Name Address and Phone Number	Dates Worked (Mo/Yr)	Name & Title of Immediate Supervisor	Position Held & Duties Performed	Rate of Pay	Reason for Leaving
	From:			Start:	
	To:			Leave:	

Employer Name Address and Phone Number	Dates Worked	Name & Title of Immediate Supervisor	Position Held & Duties Performed	Rate of Pay	Reason for Leaving
	From:			Start:	
	To:			Leave:	

Employer Name Address and Phone Number	Dates Worked (Mo/Yr)	Name & Title of Immediate Supervisor	Position Held & Duties Performed	Rate of Pay	Reason for Leaving
	From:			Start:	
	To:			Leave:	

# Greenleaf Services Corporation

## Reference Check Form

**Applicant:**

It is the policy of Greenleaf Services Corporation to seek references on each applicant before hiring. Please print your full name and social security number below. Thank you.

\_\_\_\_\_ Social Security Number \_\_\_\_\_ Print Full Name \_\_\_\_\_

I hereby authorize you to issue any information you may have regarding my services and character and do hereby unconditionally release you/your organization from all liability from any damage whatsoever which might result from furnishing same.

\_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_

The person named above has applied for a position as \_\_\_\_\_ at Greenleaf Services Corporation. With your help we can better evaluate this applicant and thus, wisely choose the kind of employees who will find fulfillment in their work while providing quality service to the Corporation. ***Thank you for your input.***

Dates of employment or years acquainted:	From:	To:
Were services satisfactory:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Reason for termination:		
Would you recommend this applicant for employment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Would you re-employ? If no, please explain on back.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

	VERY GOOD	SATISFACTORY	UNSATISFACTORY
Interpersonal Skills			
Punctuality			
Dependability			
Character			
Job Knowledge			
Job Performance			
Compliance with Policies			
Attitude			
Attendance Record			
Cooperation			

\_\_\_\_\_ Date \_\_\_\_\_ Signature of person completing Reference Check Form \_\_\_\_\_

**Return To:** Greenleaf Services Corporation  
 Human Resources  
 18695 Greenleaf Drive, P.O. Box 1040  
 Saegertown PA 16433

**Greenleaf Services Corporation**  
*Personal and Professional References*  
 (Please do not list relatives.)

<b>APPLICANT NAME:</b>	<b>DATE:</b>
------------------------	--------------

**REFERENCES:**

<i>Name:</i>	<i>Telephone: (    )</i>
<i>Address:</i>	
<i>How known:</i>	
<i>Name:</i>	<i>Telephone: (    )</i>
<i>Address:</i>	
<i>How known:</i>	
<i>Name:</i>	<i>Telephone: (    )</i>
<i>Address:</i>	
<i>How known:</i>	
<i>Name:</i>	<i>Telephone: (    )</i>
<i>Address:</i>	
<i>How known:</i>	

Greenleaf Services Corporation  
 18695 Greenleaf Drive  
 PO Box 1040  
 Saegertown PA 16433

# Greenleaf Services Corporation

## Pre-Employment Investigation Notice

**Applicant Name:** \_\_\_\_\_  
(Printed)

We appreciate your interest in employment with Greenleaf Services Corporation. As a part of our normal procedure for processing applications, a routine inquiry into your background may be made during the next few days. This investigative inquiry typically concerns information on an applicant's character, general reputation, personal characteristics and work record, and may include interviews with references, or others. Further information on the nature and scope of such an inquiry, if one is made, is available to you upon written request.

Will you please read the following statement and indicate your agreement by signing below.

*I authorize all persons, investigative agencies, business organizations, schools, companies, corporations, credit bureaus and law enforcement agencies to supply Greenleaf Services Corporation and/or its agents, any information concerning my background. I authorize Greenleaf Services Corporation, its personnel and/or agents to conduct and interpret interview procedures they believe necessary. I unconditionally release the furnishing entity and Greenleaf Services Corporation, its shareholders, personnel and agents from any and all liability and responsibility, damages and claims of any kind whatsoever arising from this investigation of my background and the interview procedures conducted.*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*(Maiden Name or Other Name Used)*

Date of report: \_\_\_\_\_

Agency: \_\_\_\_\_

Date report destroyed: \_\_\_\_\_

**Greenleaf Services Corporation**  
18695 Greenleaf Drive  
PO Box 1040  
Saegertown, PA 16433