



## APPLICATION FOR EMPLOYMENT

To receive proper consideration, all questions on this form must be answered

All persons applying for employment with us, or any of our affiliates shall be accorded equal employment opportunities regardless of race, color, religion, sex, marital status, age, disability or national origin. Employment shall be based solely on the Company's need and the individual's qualifications.

### PERSONAL DATA

NAME	LAST	FIRST	MIDDLE	TODAY'S DATE	SOCIAL SECURITY #
PRESENT ADDRESS	STREET	CITY	STATE	ZIP	TELEPHONE #(s)
PREVIOUS ADDRESS	STREET	CITY	STATE	ZIP	HOW LONG AT THIS ADDRESS?
PREVIOUS ADDRESS	STREET	CITY	STATE	ZIP	HOW LONG AT THIS ADDRESS?
<b>ADDRESSES FOR THE PAST 5 YEARS ARE REQUIRED. IF ADDITIONAL SPACE IS NEEDED, ATTACH AN EXTRA SHEET.</b>					
Are you under 18 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If, Yes, verification will be required.			Are you legally eligible for employment in the U.S.A.? <input type="checkbox"/> Yes <input type="checkbox"/> No If, Yes, verification will be required.		
Have you been convicted by any court, including a court of military justice, of a felony? (For purposes of this application, consider felonies to include any crime which is punishable by imprisonment.) <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, state date, city and nature of each conviction.					
Conviction of a felony will not automatically disqualify a job candidate. Factors such as age and time of the offense, seriousness and nature of the violation and rehabilitation will be taken into account.					

### GENERAL INFORMATION

Are you applying for: full time <input type="checkbox"/> part time <input type="checkbox"/> temporary <input type="checkbox"/> summer <input type="checkbox"/> work? <b>Have you ever been bonded?</b> _____ <b>When</b> _____			
Position Desired:	Salary Expected:	Date Available:	Have you ever applied here before? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you worked for Liberty Land Mgmt Group, Inc. before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where? _____		When? _____
Under what name: (EG, Maiden Name)	Why did you leave?		
Please include any other job-related information you think would be helpful to us in considering you for employment, such as additional work experience, activities, accomplishments, voluntary work experience, etc. You may exclude all information indicative of age, sex, race, religion color, national origin and disability. (If additional space is needed, attach an extra sheet.)			
How were you referred to us? ___ Employee ___ School Placement ___ State Job Service ___ Friend ___ Newspaper /media advertising (explain) _____ Other (Explain) _____			
Do you have any obligations or commitments to a third party(ies) that, if you are employed by us or any of our subsidiaries or affiliates, will limit your ability to perform assigned work without compromising such obligations? Examples of such obligations: Being a Limited or General Partner in Landscape Business; Non-Compete and/or Confidentiality Agreements with other organizations, etc. If "YES", please provide details of the limits that these obligations place on your ability to perform assigned duties and provide copies of the applicable agreements. (Attach additional pages if needed.)			

## EDUCATION & SKILLS

TYPE OF SCHOOL	Name and Location of School	# Years Attended	Course of Study	Did You Graduate?
HIGH SCHOOL OR *EQUIVALENCY DIPLOMA				

\*If you obtained an equivalency diploma, please indicate location in which obtained.

COLLEGE/ UNIVERSITY (Under Graduate)				
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COLLEGE/ UNIVERSITY (Graduate)				
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TRADE, BUSINESS, TECHNICAL OR CORRESPONDENCE SCHOOL				
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MILITARY TRAINING, ETC.				
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List business/office machines that you can operate.	
List any other machines you can operate.	
Office Equipment Used	Special business/office skills

## PERSONAL REFERENCES

Name & Address With City, State, ZIP	Telephone Number	Occupation	Known for how long?
1)			
2)			
3)			

# EMPLOYMENT HISTORY

START WITH LAST OR PRESENT PLACE OF EMPLOYMENT, ETC.		
Employer	EMPLOYED From To (Month & Year)	Your Responsibilities
Address, City and State		
Your Job Title	Wages Paid First Last \$ \$ Per: Per:	
Name of Supervisor Title of Supervisor		
Phone Number ( )	Other Compensation (Explain)	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	EMPLOYED From To (Month & Year)	Your Responsibilities
Address, City and State		
Your Job Title	Wages Paid First Last \$ \$ Per: Per:	
Name of Supervisor Title of Supervisor		
Phone Number ( )	Other Compensation (Explain)	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	EMPLOYED From To (Month & Year)	Your Responsibilities
Address, City and State		
Your Job Title	Wages Paid First Last \$ \$ Per: Per:	
Name of Supervisor Title of Supervisor		
Phone Number ( )	Other Compensation (Explain)	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	EMPLOYED From To (Month & Year)	Your Responsibilities
Address, City and State		
Your Job Title	Wages Paid First Last \$ \$ Per: Per:	
Name of Supervisor Title of Supervisor		
Phone Number ( )	Other Compensation (Explain)	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Please account for and explain all periods of UNEMPLOYMENT during the past five years (Time not accounted for above): \_\_\_\_\_

<b>IN CASE OF EMERGENCY NOTIFY:</b>	<b>NAME</b>	<b>HOME PHONE</b> (    )	<b>WORK PHONE</b> (    )
	<b>ADDRESS</b>	<b>CITY</b>	<b>STATE</b>

Please read the following statements carefully, as they represent matters of importance to both you and the Company in connection with this application for employment.

**I understand and agree that:**

1. I affirm that I have a genuine interest or intent to become employed and no other purpose in applying for a job with the Company.
2. The information that I have provided on this application is accurate to the best of my knowledge. Any misrepresentation or deliberate omission of any fact in my application, resume or other data that are material to employment with the Company will be justification for refusal of employment, or if employed, termination from Liberty Land Management employment.
3. Liberty land Management may verify all the information provided by me including, but not limited to, education and employment, or may procure or have prepared an investigative consumer and background check, including criminal records, for this purpose. I voluntarily authorize the Company to verify information related to my education and employment (with the exception of current employment, until I have authorized such contact), and release from liability all persons or entities supplying or collecting such information.
4. Although management attempts to accommodate individual circumstances, business needs may require flexible working conditions such as: overtime, shift work, a rotating work schedule, or a work schedule that includes Saturday and Sunday and Holidays.
5. It should be understood that employment is at the will of the employer and that both the employer and the employee have the right at any time to terminate the employment relationship with or without cause. No employee, manager or other agent of the Company has any authority to enter into any agreement for employment for any specified period of time unless such an agreement is in writing and signed by a Managing Member. I further understand that absent such an agreement, employment can be terminated by the company or the employee at any time.
6. I understand and agree that as part of the employment process and after a **conditional** offer of employment has been extended; I may be required to take a drug screen test administered by qualified medical or laboratory personnel designated by the Company. In the event of a confirmed positive test result, the **conditional** offer of employment will be revoked and the hiring process will be terminated immediately.

<b>Signature of applicant</b>	<b>Date</b>
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**THIS APPLICATION WILL BE ACTIVE FOR A PERIOD OF SIXTY (60) DAYS**

If you have any concerns regarding the employment consideration you receive from Liberty Land Management, you are welcome to correspond with the Human Resources Department, P.O. Box 908, New Port Richey, Florida 34656.

**FOR OFFICE USE ONLY**

**INTERVIEW**     YES     NO    Date \_\_\_\_\_

Result of Interview: \_\_\_\_\_

\_\_\_\_\_

Being considered for – Job/Dept/Location: \_\_\_\_\_

Acceptable for Employment? \_\_\_\_\_    Starting Rate \_\_\_\_\_    Starting Date \_\_\_\_\_

Interview by \_\_\_\_\_    Approved by \_\_\_\_\_