

# SBC Services, Inc. /Applewood Nursery and Landscape Supply

## Application for Employment

8785 Green Lake Trail  
 Forest Lake, MN 55025  
 www.sbcoutdoor.com

Phone (651) 462-5554  
 hr@applewoodnursery.com  
 www.applewoodnursery.com

### Equal Opportunity Employer

**Please print.** Complete the entire application. You may attach a resume, but you must still complete all questions; or your application will be deemed incomplete and may not be considered. Please fill out each box (don't just indicate "See Resume").

Name (Last, First, MI):		Date Application:	
Street Address:		City:	
State:	Zip Code:	Are you eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Social Security #:		Phone #:	
Date of Birth:		Alternate Phone #:	
Have you ever been employed at SBC/Applewood before? <input type="checkbox"/> Yes <input type="checkbox"/> No Date / Title:			
How did you learn about us? <input type="checkbox"/> Employee Referral <input type="checkbox"/> Indeed <input type="checkbox"/> Career Fair <input type="checkbox"/> Other:			
Position Applying for:		Hourly Rate/Salary Desired:	Date Available:
Valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No		** For candidates who will DRIVE any vehicle on behalf of the company, complete Page 4.	
If Yes, State:	Expiration Date:		

### Education

Name of School	City/State	Did you Graduate?	If NO, yrs. Left to Graduate	If YES, Date of Graduation	Degree Received	Major
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Trade School		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College/University		<input type="checkbox"/> Yes <input type="checkbox"/> No				

Other credentials/licenses/professional affiliations, etc. relevant to this position for which you are applying.

### Skills

Please list technical skills, clerical skills, trade skills, etc., relevant to this position.

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<b>Work Experience</b>				
Please detail your work history for the last 15 years. Begin with your current or most recent employer. Attach a separate sheet if necessary. Please explain all gaps of employment. Include military or volunteer commitments. <b>Please do not</b> complete this information with the notation "See Resume". Omission of prior employment may be considered falsification of information.				
Date Month and Year	Name and Address of Employer	Hourly/Salary Rate	Position	Still Employed
From  To				<input type="checkbox"/> Yes <input type="checkbox"/> No
Supervisor Name/Number:		Other Reference Name/Number:		Reason for Leaving:
<i>If you were in a driving position, please complete these following 2 question.</i>		Were you subject to FMCSR while employed here? <input type="checkbox"/> Yes <input type="checkbox"/> No		Did you perform safety sensitive functions and subject to drug & alcohol testing? <input type="checkbox"/> Yes <input type="checkbox"/> No
From  To				<input type="checkbox"/> Yes <input type="checkbox"/> No
Supervisor Name/Number:		Other Reference Name/Number:		Reason for Leaving:
<i>If you were in a driving position, please complete these following 2 question.</i>		Were you subject to FMCSR while employed here? <input type="checkbox"/> Yes <input type="checkbox"/> No		Did you perform safety sensitive functions and subject to drug & alcohol testing? <input type="checkbox"/> Yes <input type="checkbox"/> No
From  To				<input type="checkbox"/> Yes <input type="checkbox"/> No
Supervisor Name/Number:		Other Reference Name/Number:		Reason for Leaving:
<i>If you were in a driving position, please complete these following 2 question.</i>		Were you subject to FMCSR while employed here? <input type="checkbox"/> Yes <input type="checkbox"/> No		Did you perform safety sensitive functions and subject to drug & alcohol testing? <input type="checkbox"/> Yes <input type="checkbox"/> No
From  To				<input type="checkbox"/> Yes <input type="checkbox"/> No
Supervisor Name/Number:		Other Reference Name/Number:		Reason for Leaving:
<i>If you were in a driving position, please complete these following 2 question.</i>		Were you subject to FMCSR while employed here? <input type="checkbox"/> Yes <input type="checkbox"/> No		Did you perform safety sensitive functions and subject to drug & alcohol testing? <input type="checkbox"/> Yes <input type="checkbox"/> No

Have you ever been involuntarily terminated or asked to resign from any job?  YES     NO

If yes, please explain:
Please explain any gaps in your employment history:

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### General Information

1. Have you ever used another name?  YES  NO
2. Is there any additional information relative to name changes, use of an assumed name, or nickname necessary to enable a check on your work or educational record?  YES  NO
  - a. If yes to either of the above, please explain: \_\_\_\_\_  
\_\_\_\_\_
3. Do you have friends and/or relatives that work for SBC/Applewood?  YES  NO
  - a. If yes, name(s) and relationship(s): \_\_\_\_\_  
\_\_\_\_\_
4. Days/Hours you are available to work:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

5. Are you available to work?  Full-time  Part-time
6. Are you available to work overtime, if needed?  YES  NO
7. If hired, will you have a reliable means of transportation to and from work?  YES  NO
8. If hired, can you present evidence of your identity and legal right to work in this country?  YES  NO
9. Are you available to perform the essential job functions of the job for which you are applying with or without reasonable accommodation?  YES  NO

**Please read carefully and sign that you understand and accept this information.**

I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date.

I authorize SBC Services, Inc./Applewood Nursery and Landscape Supply to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment and, further, authorize the prior employers and references I have listed to disclose to the Company any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships, and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

I understand this document is NOT an offer of employment, and that an offer of employment if tendered, does NOT constitute a contract for continued guaranteed employment. In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

Applicant Signature

Date

# SBC Services, Inc. /Applewood Nursery and Landscape Supply

## Application for Employment – For Driving Positions Only

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Candidate Name (print):	Date of Application:
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### Driver License

State	License Number	Type	Expiration Date

### Driving Experience

Class of Equipment	Type of Equipment (Van, tank, flat, etc.)	From	To	Approximate Miles
Straight Truck				
Tractor & Semi Trailer				
Tractor & Two Trailers				
Other				

### Accident Record for Past 3 Years or More

Dates	Nature of Accident (Head On, Rear End, etc.)	Fatalities	Injuries
Last Accident:			
Next Previous:			
Next Previous:			

### Traffic Convictions and Forfeitures for the Past 5 Years

**ALL DRIVERS WILL BE SUBJECT TO DRUG & ALCOHOL TESTING  
 AS WELL AS FMSCA CLEARINGHOUSE QUERY.**

Location	Date	Charge	Penalty

1. Have you ever been denied a license, permit, or privilege to operate a motor vehicle?  YES  NO
2. Has any license, permit or privilege ever been suspended or revoked?  YES  NO

If the answer to any of the above is YES, please attach statement giving details.

By signing below, this certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

I consent to the release of my Motor Vehicle Records (MVR) annually to SBC Services, Inc./Applewood Nursery & Landscape Supply ("Company"). I understand the company will use these records to evaluate my suitability to fulfill driving duties that may be related to my position, including a limited query into the Drug and Alcohol Clearinghouse. I also consent to the review, evaluation, and other use of any MVR I may have provided to the company. This consent is given in satisfaction of Public Law 18 USC 2721 et. Seq., "Federal Drivers Privacy Protection Act", and is intended to constitute "written consent" as required by this Act.

Driver Applicant Signature

Date