



Application for Employment  
Drug-Free Workplace

Please Email Application to: [judy@buckeyeecocare.com](mailto:judy@buckeyeecocare.com)

Name (Last, First, Middle)

Social Security Number

\_\_\_\_\_

\_\_\_\_\_

Address (Number & Street, City, State, Zip)

Phone Number

\_\_\_\_\_

\_\_\_\_\_

Position Desired \_\_\_\_\_ Must Have Full Time \_\_\_ Want Part Time

Do you have a valid Ohio Driver's License? Yes \_\_\_ No \_\_\_ License # \_\_\_\_\_

Have you ever been convicted of a felony? No \_\_\_

Yes, explain \_\_\_\_\_

Have you ever been convicted of a moving violation in the last 3 years? No \_\_\_ Yes, explain

\_\_\_\_\_

List three things that are important to you in a work environment \_\_\_\_\_

\_\_\_\_\_

Why do you want to work here? \_\_\_\_\_

Education or Special Skills (please circle your last year of completed school and any degrees or

certifications) K 1 2 3 4 5 6 7 8 9 10 11 12

Number of years completed in College \_\_\_\_\_ Degrees/Certificates \_\_\_\_\_

Employment History: (start with present/most recent position)

Employer \_\_\_\_\_

Address \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

Position Title \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Duties \_\_\_\_\_ Salary \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

Position Title \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Duties \_\_\_\_\_ Salary \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

Position Title \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Duties \_\_\_\_\_ Salary \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Your signature below indicates:

1. That all information presented by you to Buckeye Ecocare in the employment application and in verbal questions asked during our hiring process is entirely truthful and accurate.
2. That you authorize Buckeye Ecocare to contact previous employers listed.
3. That you understand you need to be available when we need you to work and you agree to work over 40 hours per week if prior notice is given.
4. That you are willing to submit to a polygraph test and or drug/alcohol screening at the present time or in the future if Buckeye Ecocare requests you to do so.
5. That you agree never to disclose any information about our company policies, procedures, customer names, sales figures, marketing strategies, etc. to any other party.
6. That upon termination of your employment at Buckeye Ecocare, you agree to return all written data provided to you by Buckeye Ecocare, as well as any physical property given or loaned to you including, but not limited to: employee manuals, keys to the building, sales information, etc.
7. That upon termination from Buckeye Ecocare, whether voluntary or involuntary, you agree not to compete with Buckeye Ecocare directly or indirectly within a radius of 25 miles for a period of 1 year.

\_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_

Signature indicates agreement to all the above conditions,  
and certifies that all information given in this application is  
truthful and accurate.

(Date)

## CONSENT & RELEASE FORM FOR EMPLOYEES/APPLICANTS

I, \_\_\_\_\_ (applicant/employee name) as an employee/applicant of Buckeye Ecocare, hereby acknowledge that Buckeye Ecocare's policy requires me to submit to urine drug testing and/or breath alcohol testing.

I further understand that the purpose of this analysis is to determine or rule out the presence of non-prescribed or prohibited dangerous controlled substances in my system.

I hereby freely and voluntarily consent to this request for a urine sample and/or breath alcohol test and agree to participate in the testing program.

I hereby and herewith release Buckeye Ecocare, its employees, agents and contractors from any and all liability whatsoever arising from this request for testing, from the actual testing procedures, and from decisions made concerning my application for or continuation of employment based on the results of the analysis.

I agree to cooperate in all aspects of the testing program.

I hereby authorize the release of my drug and/or alcohol test results to the contractor's Medical Review Officer (MRO) and/or to Buckeye Ecocare's examining physician, as provided by the Buckeye Ecocare company policy.

I further acknowledge that Buckeye Ecocare has provided me with an opportunity to ask questions related to its drug and alcohol testing program and that all my questions have been answered.

Applicant/Employee Signature \_\_\_\_\_

Applicant/ Employee Printed Name \_\_\_\_\_

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

FAIR CREDIT REPORTING ACT DISCLOSURE AND RELEASE

Part 1 – Disclosure

I, the undersigned, \_\_\_\_\_, in consideration for a job at Buckeye Ecocare, understand that any consideration of me for this assignment or consideration for a position at the job assignment entails the successful passing of a background screen, and I hereby voluntarily consent to the following:

- I, the undersigned, will submit to a background screen that will be arranged by Buckeye Ecocare. I, the undersigned authorize the release of any background information obtained by Buckeye Ecocare to the appropriate personnel at the company and the job assignment, and I understand that a negative background screen will result in termination from Buckeye Ecocare and my job assignment.
- I also understand that Buckeye Ecocare and/or its employees have no control of the use of any information authorized herein to the job assignment.
- By this document, Buckeye Ecocare discloses to you that a consumer report may be obtained for employment purposes as a part of the background investigation and at any time during your employment. Your signature below signifies receipt of the forgoing disclosure.

Part 2 – Release

This release is hereby voluntarily entered into by the undersigned on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_ of his/her own free will as indicated by the signature below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth (Month/Day/Year)

\_\_\_\_\_  
Driver’s License Number

\_\_\_\_\_  
State of Issuance



### Motor Vehicle Report Request Form

Last Name	First Name	Middle Initial
Address		
City	State	ZIP
Date of Birth	Social Security Number	Driver's License Number

Driver Release	
<p>This authorization is being requested with regard to a motor vehicle report and this information will be used to determine your qualifications for property and casualty insurance while operating a motor vehicle and conducting official business for <b>Buckeye Custom Lawn Care, Inc.</b></p> <p>PLEASE READ AND SIGN THE FOLLOWING:</p> <p>I authorize The Uhl Agency to obtain and review a motor vehicle report regarding my driving and driver's license history. I authorize any parties contacted to release information to The Uhl Agency regarding my previous driving record, licenses, certifications, and any other driving-related information. I release all persons and entities from liability for damages that may arise from the release of this information. I waive all provisions of law prohibiting the disclosure of this information. I understand that The Uhl Agency cannot guarantee the accuracy of any information reported to it by third parties. I release The Uhl Agency and its agents from liability for damages that arise from errors or omissions in this authorized inquiry of my driver's license history.</p>	
Printed Name	Signature
	Date Signed