NORTH COUNTRY UNLIMITED

APPLICATION FOR
EMPLOYMENT

Equal Opportunity Employment Statement

All applicants are considered for employment without regard to race, color, religion, sex, gender, gender identity or expression, sexual orientation, pregnancy, national origin, ancestry, ethnicity, citizenship or immigration status, physical or mental disability, medical condition, genetic information, military or veteran status, marital status, or any other protected classification, in accordance with applicable federal, state, and local laws.

By completing this application, you are seeking to join a team of hardworking professionals dedicated to consistently delivering outstanding service to our customers and contributing to the success of the organization, its clients, and its employees. Equal access to programs, services, and employment is available to all qualified individuals. Applicants who require reasonable accommodation to complete the application and/or interview process should contact a management representative.

APPLICANT INFORMATION

POSITION(S) APPLIED FOR

DATE OF APPLICATION

FULL LEGAL NAME (PRINT)

STREET ADDRESS

CITY

STATE

ZIP

PHONE NUMBER

EMAIL ADDRESS

DRIVER'S LICENSE NUMBER

STATE ISSUED

EXPIRATION DATE

CLASS

EMPLOYMENT EXPERIENCE

Please list your employers in chronological order, beginning with your most recent employer. Account for all periods of employment. If you were self-employed, list the business name and provide business references. Attach an additional page if necessary.

Employer 1 — Most Recent or Current

NAME OF EMPLOYER

NAME OF SUPERVISOR

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP

DATES OF EMPLOYMENT (MONTH/YEAR)

REASON FOR LEAVING

May we contact this employer? Yes No

Employer 2

NAME OF EMPLOYER

NAME OF SUPERVISOR | PHONE NUMBER

STREET ADDRESS | CITY | STATE | ZIP

DATES OF EMPLOYMENT (MONTH/YEAR) | REASON FOR LEAVING

May we contact this employer? ⁻ Yes ⁻ No

Employer 3

NAME OF EMPLOYER

NAME OF SUPERVISOR | PHONE NUMBER

STREET ADDRESS | CITY | STATE | ZIP

DATES OF EMPLOYMENT (MONTH/YEAR) | REASON FOR LEAVING

May we contact this employer? ⁻ Yes ⁻ No

Additional Employment Information

Have you ever been involuntarily terminated or asked to resign from any job? ⁻ Yes ⁻ No

IF YES, PLEASE EXPLAIN

EXPLAIN ANY GAPS IN YOUR EMPLOYMENT HISTORY

ADDITIONAL EXPERIENCE, JOB-RELATED SKILLS, CERTIFICATIONS, LICENSES, LANGUAGES, OR OTHER QUALIFICATIONS

Examples: pesticide applicator license and/or horticulture-related credentials.

EDUCATION

SCHOOL	DIPLOMA / DEGREE	AREA OF STUDY	SPECIALIZED TRAINING, SKILLS, OR ACTIVITIES
High School	☐ Yes ☐ No		
College / University	☐ Yes ☐ No		
Graduate / Professional School	☐ Yes ☐ No		
Trade School	☐ Yes ☐ No		
Other	☐ Yes ☐ No		

REFERENCES

Business or Professional References (not related)

NAME AND TITLE	RELATIONSHIP	PHONE NUMBER OR EMAIL

Personal References: list three individuals who know you well (not related)

NAME	RELATIONSHIP	PHONE NUMBER OR EMAIL

GENERAL INFORMATION

Have you ever worked for this company before? ☐ Yes ☐ No

IF YES, LIST DATES AND POSITION

Do you have friends or relatives currently employed by this company? ☐ Yes ☐ No

IF YES, LIST NAME(S) AND RELATIONSHIP(S)

Have you ever been convicted of a felony? ☐ Yes ☐ No

IF YES, PLEASE EXPLAIN (A CONVICTION WILL NOT AUTOMATICALLY DISQUALIFY YOU FROM EMPLOYMENT)

If hired, will you have reliable transportation to and from work? ☐ Yes ☐ No

If hired, can you provide proof of identity and legal authorization to work in the United States? ☐ Yes ☐ No

If hired, will you be able to obtain a DOT Physical certification within the first 30 days of employment? ☐ Yes ☐ No

APPLICANT STATEMENT AND AGREEMENT

Please read each statement carefully and initial each line.

INITIALS	
	I authorize North Country Unlimited to investigate my employment history, references, education, and other information relevant to my qualifications for employment. I authorize former employers, educational institutions, and references to provide any relevant information without prior notice to me. I release North Country Unlimited and all such parties from any liability arising from this investigation.
	If employed, I agree to comply with all Company policies, rules and procedures.
	I understand and agree that my employment is **at will**, meaning that either North Country Unlimited or I may terminate the employment relationship at any time, with or without cause or notice. I understand that no oral statements or agreements can alter this at will relationship.
	I understand that workplace safety is a priority of North Country Unlimited and agree to comply with all company safety policies as well as all applicable federal, state, and local safety and health regulations.
	I certify that all information provided in this application is true, complete, and accurate to the best of my knowledge. I understand that any misrepresentation, omission, or falsification may result in rejection of my application or termination of employment if discovered at any time.
	I understand that, if hired, federal law requires verification of my identity and authorization to work in the United States and completion of form I-9.
	I understand that if any portion of this Agreement is found to be unenforceable, the remaining provisions will remain in full force and effect.

By signing below, I acknowledge that I have read, understand, and agree to the terms stated above.

APPLICANT SIGNATURE | PRINTED NAME | DATE