



Gardens & Landscaping, Inc.

246 Victory Highway Painted Post, NY 14870

1-607-962-3489

Application for Employment

Personal Information

Date: _____ **Social Security #** _____

Name: _____

Present Address: _____

Permanent Address: _____

Phone Number: () _____

Employment Desired

Position: _____ **Start Date:** _____ **Salary Desired:** _____

Are you employed now? Yes No May we contact them? Yes No

Have you ever applied to this company before? Yes No

Education History

Name and Location Years Attended Graduate? Subjects Studied

Grammar School: _____

High School: _____

College: _____

Trade: _____

General Information

Special Skills/Subjects of Special Study: _____

Former Employers (List below last four employers starting with last one first)

Date Name and Address of Employer Salary Position Reason for Leaving

References (give below the names of three people that you have known at least a year, and are not related to you)

Name	Address	Business	Years Known

Additional Questions

Military Service? _____ **Rank:** _____

Are you on probation and/or ever been convicted of a felony? _____

If yes, please explain. _____

Are you willing to give consent to have a Motor Vehivle Report (MVR) _____

conducted to check your driving record? Yes No _____

If no, please explain. _____

Authorization

“ I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.”

Date: _____ **Signature:** _____

Interviewed by: _____ **Date:** _____

Remarks: _____
