

# Edward's Landscaping Service, Inc.

525 River Street

Forty Fort, Pennsylvania 18704

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WWW.EDWARDSGARDENCENTER.COM

Mailing Address: 11 W. Turner Street, Forty Fort, PA 18704

## EMPLOYMENT APPLICATION

(PLEASE PRINT)

NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

HOW LONG AT THIS ADDRESS? \_\_\_\_\_ TELEPHONE NUMBER(S) \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ HOURLY RATE DESIRED \_\_\_\_\_

DATE AVAILABLE TO START EMPLOYMENT \_\_\_\_\_

ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE U.S\*.? YES NO

\*If yes, documentation is required upon employment.

## HISTORY OF EDUCATION

HIGH SCHOOL NAME \_\_\_\_\_ GRADUATED YES NO DATE \_\_\_\_\_

LOCATION (CITY/STATE) \_\_\_\_\_ COURSE OF STUDY \_\_\_\_\_

OTHER CONTINUED EDUCATION \_\_\_\_\_ GRADUATED YES NO DATE \_\_\_\_\_

LOCATION (CITY/STATE) \_\_\_\_\_ COURSE OF STUDY \_\_\_\_\_

OTHER SKILLS OR TRAINING \_\_\_\_\_

## PHYSICAL CONDITION

CAN YOU AND ARE YOU WILLING TO LIFT? (PLEASE CHECK)

POUNDS: 25 \_\_\_ 50 \_\_\_ 75 \_\_\_ 100 \_\_\_ OCCASIONALLY \_\_\_ FREQUENTLY \_\_\_

DO YOU HAVE ANY CONDITION THAT WILL REQUIRE ABSENCE FROM WORK

FOR AN EXTENDED PERIOD OF TIME? YES \_\_\_ NO \_\_\_

IF YES, EXPLAIN \_\_\_\_\_

DO YOU HAVE ANY PHYSICAL CONDITION THAT MAY AFFECT YOUR WORK PERFORMANCE? YES \_\_\_ NO \_\_\_

IF YES, EXPLAIN \_\_\_\_\_

DO YOU AND WOULD YOU TAKE ILLEGAL DRUGS OR ALCOHOLIC BEVERAGES DURING WORK HOURS? YES \_\_\_ NO \_\_\_

DO YOU HAVE A VALID DRIVER'S LICENSE? \_\_\_ LICENSE NUMBER \_\_\_\_\_

DO YOU HAVE A CDL LICENSE TO OPERATE A VEHICLE OVER 26,000 GVW? YES \_\_\_ NO \_\_\_

IF YES, WHAT IS THE DATE OF EXPIRATION? \_\_\_\_\_

**HISTORY OF PREVIOUS EMPLOYMENT**

(PLEASE PRINT)

COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

DATES EMPLOYED FROM: (MO./YR.) \_\_\_\_\_ TO (MO./YR.) \_\_\_\_\_

RATE OF PAY \_\_\_\_\_

TYPE OF WORK PERFORMED \_\_\_\_\_

NAME AND TITLE OF SUPERVISOR \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

DATES EMPLOYED FROM: (MO./YR.) \_\_\_\_\_ TO (MO./YR.) \_\_\_\_\_

RATE OF PAY \_\_\_\_\_

TYPE OF WORK PERFORMED \_\_\_\_\_

NAME AND TITLE OF SUPERVISOR \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

DATES EMPLOYED FROM: (MO./YR.) \_\_\_\_\_ TO (MO./YR.) \_\_\_\_\_

RATE OF PAY \_\_\_\_\_

TYPE OF WORK PERFORMED \_\_\_\_\_

NAME AND TITLE OF SUPERVISOR \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IF I AM EMPLOYED BY EDWARD'S LANDSCAPING SERVICE, INC., ANY FALSE STATEMENTS ON THIS APPLICATION MAY BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLIACION. I ALSO GRANT PERMISSION TO CONTACT ALL REFERENCES LISTED ABOVE, AND AUTHORIZE THEM TO RELEASE ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY OTHER PERTINENT INFORMATION THESE REFERENCES MIGHT HAVE, PERSONAL OR OTHERWISE. I RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING THIS INFORMATION TO EDWARD'S LANDSCAPING SERVICE, INC.

I UNDERSTAND AND AGREE THAT, IF HIRED BY EDWARD'S LANDSCAPING SERVICE, INC., MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY BE TERMINATED AT ANY TIME AND WITHOUT PRIOR NOTICE.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE