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

EMPLOYMENT APPLICATION

(PLEASE PRINT)

NAME DATE

ADDRESS

CITY/STATE/ZIP

TOWNSHIP OR BORO

HOW LONG AT THIS ADDRESS? TELEPHONE NUMBER(S)

HISTORY OF EDUCATION

HIGH SCHOOL NAME

LOCATION (CITY/STATE)

MAJOR DATE GRADUATED (MO/YR)

OTHER SKILLS

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?

PLEASE NOTE THE DAY/DATE YOU WOULD BE ABLE TO START WORK

**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 APPLICATION. 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