



EMPLOYMENT APPLICATION



PERSONAL DATA

DATE / / ____

NAME _____
Last First Initial

ADDRESS _____

E MAIL ADDR: _____

TEL # _____ CELL # _____ DOB ____/____/____

Optional

SOCIAL SECURITY NO. _____ Are you a U.S. Citizen? Yes ___ No ___

EMPLOYMENT DESIRED

Position _____ Date you can start _____

Desired Starting Salary _____

Are you employed now? _____ May we contact your present employer? Yes ___ No ___

Have you ever applied to this company before? Yes ___ No ___ What year? _____

Who referred you to us? _____

EDUCATION

SCHOOL	NAME & LOCATION	YEARS COMPLETED	MAJOR/ DEGREE
High			
College			
Graduate			
Trade School or Technical Training			
Other			

Subjects of special study, research work or special skills:

U.S Military Service? Yes ___ No ___ Rank? _____

Are you a member of the National Guard or Reserves? Yes ___ No ___

WORK EXPERIENCE

Start with the most recent employer, stating name and address..

EMPLOYER/ADDRESS	DATES Mo/Yr	JOB	PAY RATE	REASON FOR LEAVING
	From			
	To			
	From			
	To			
	From			
	To			
	From			
	To			
	From			
	To			

List any job related social membership or professional organizations to which you belong. _____

REFERENCES

List three persons, not related to you, whom you have known at least one year.

NAME _____
Address Telephone #

NAME _____
Address Telephone #

NAME _____
Address Telephone #

PLEASE ANSWER THE FOLLOWING QUESTIONS

Can you perform the following? (Check those that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Manual Labor | <input type="checkbox"/> Auto Repair | <input type="checkbox"/> Landscape Design |
| <input type="checkbox"/> Operate a chain saw | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Arborist work |
| <input type="checkbox"/> Carpentry Work | <input type="checkbox"/> Electrical Wiring | <input type="checkbox"/> Operate a backhoe |
| <input type="checkbox"/> Operate a four speed truck | <input type="checkbox"/> Small engine repair | <input type="checkbox"/> Prepare cost estimates |
| <input type="checkbox"/> Operate a skid-steer | | |

Have you had professional work experience doing the following? (Check those that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Landscaping | <input type="checkbox"/> Laying sod | <input type="checkbox"/> Store Clerk |
| <input type="checkbox"/> Operating a cash register | <input type="checkbox"/> Typing (WPM) _____ | <input type="checkbox"/> Weeding |
| <input type="checkbox"/> Fertilizing | <input type="checkbox"/> Taking cuttings | <input type="checkbox"/> Transplanting seedlings |
| <input type="checkbox"/> Watering a greenhouse range | <input type="checkbox"/> Pinching back plants | <input type="checkbox"/> Selling plants, shrubs etc. |
| <input type="checkbox"/> Using a computer | <input type="checkbox"/> Potting bare root mat'l | <input type="checkbox"/> Pricing merchandise |
| <input type="checkbox"/> Operating a seeder | <input type="checkbox"/> Using a transit | <input type="checkbox"/> Pruning trees & shrubs |

List any other talents or skills that you feel would benefit this company. _____

Do you smoke? _____ Do you chew tobacco? _____ (Response optional)

Do you have a valid Maine State Drivers License? _____ Plate # _____

Drivers License Number _____ State _____

Has you driver's license been revoked in the past five years? Yes _____ No _____

If yes, please explain. _____

Please list all traffic violations. _____

Are you willing to do the following? (Please answer carefully and honestly.) Circle Yes or No

- | | | |
|-----|----|---|
| YES | NO | Provide your own transportation to and from work. |
| YES | NO | Provide your own rain gear, including coat, pants, boots and hat. |
| YES | NO | Work outside in the rain and other inclement weather. |
| YES | NO | Work on weekends as scheduled. |
| YES | NO | Work the schedule as required or as posted. |
| YES | NO | Provide your own work gloves, jack knife, clippers and scissors. |
| YES | NO | Learn to properly and safely apply pesticides. |
| YES | NO | Refrain completely from smoking (or chewing snuff) on the job, in company vehicles, and on Surry Gardens' premises. |
| YES | NO | Notify the employer at least one hour before starting time if you must be absent due to illness or emergency. |
| YES | NO | Be on time every day. |
| YES | NO | Work quickly. |
| YES | NO | Be consistently patient and polite with all customers. |

- YES NO Provide doctor's excuse, upon request, following repeated lost work due to illness.
- YES NO Work weekends during busy spells or as the schedule requires.
- YES NO Study at home to gain knowledge of the wide variety of plants we sell.
- YES NO If hired, would you agree to read and follow all the company policies?
- YES NO Do you know any computer programs? If yes, please list them below.

Why did you seek employment at Surry Gardens? Please write several paragraphs in the space given on this page. Be sure to mention your future goals & specific plans for the next few years.

Are you willing and available to start work? Full-time_____ Part-time_____ Temporary/Seasonal_____

Sunday_____Monday_____Tuesday_____Wednesday_____Thursday_____Friday_____Saturday_____

Have you been convicted of a crime in the last five years? Yes_____ No_____

If yes, please explain._____

Have you ever been disciplined, suspended, discharged, or asked to resign from a job in connection with a loss of money, merchandise, or equipment? Yes_____ No_____ If yes, explain._____

Have you ever been disciplined or discharged for absenteeism or tardiness? Yes_____ No_____

Have you ever been disciplined or discharged for any reason? Yes_____ No_____ If yes, explain.

Have you been convicted of a crime (other than traffic violations) or been imprisoned during the last seven years? A conviction will not necessarily bar you from employment. Yes or No.

Explain:

PHYSICAL RECORD

Do you have any physical limitations that preclude you from performing any work for which you are being considered? Yes___ No___ If yes, please describe._____

IN CASE OF EMERGENCY NOTIFY

Name_____Address_____

Telephone #_____

“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 listed above to give any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all confidentiality and all liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of its duration, or the day of payment of my wages and salary, be terminated at any time without any prior notice.”

Dated_____Signature_____

Print Name_____ (over)

DO NOT WRITE IN THIS BOX

Interviewer’s Remarks.

WORKER'S COMPENSATION INFORMATION RELEASE

If hired by Surry Gardens, as an employee, I fully understand that any on-the-job accidents, or conditions need to be fully investigated. I also understand that any accidents that require treatment of job related conditions that may require medical attention under Worker's Compensation Insurance need to be fully investigated as well. Therefore, I hereby agree to release any information regarding costs, treatments and diagnosis of those job related claims under Worker's Compensation for this company. These would be released to James Dickinson and/or his insurance company or agent.

I hereby release any job related treatment, cost information and diagnosis for claims under workmans compensation for Surry Gardens as stated above.

Signed _____ Date _____

Social Security Number _____

UNDERSTANDING LUNCHTIME AND BREAKS

It is understood that as an employee at Surry Gardens, for each full work day (8 + hours), there is one hour off for lunch and rest breaks. This is allowed as follows: 30 minute break for lunch can be taken between 11:30 AM and 1:30 PM, and there are also two 15 minute rest breaks. The first rest break can be at or about 10:00 AM and the second at or about 2:00 PM. Employees must punch out for lunch but understand that rest breaks will be deducted at payroll, since there is no space on our time card. Breaks are periodically monitored and any repeated overage abuse may be reflected in deductions.

Signed: _____ Date: _____