



EMPLOYMENT APPLICATION



SINCE 1978

PERSONAL DATA

TODAY'S DATE ____ / ____ / ____

NAME _____
LAST FIRST INITIAL

MAILING ADDRESS _____

PHYSICAL ADDRESS _____

EMAIL ADDRESS _____

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

EMPLOYMENT DESIRED

Position _____ Date you can start: _____

Desired Starting Salary _____

Are you employed now? _____ May we contact your present employer? _____

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 SCHOOL | | | |
| COLLEGE | | | |
| GRADUATE | | | |
| OTHER | | | |

Subject of special study, research work, training or skills:

U.S. Military Services? 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 MM/YYYY | JOB/POSITION | 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"/> Operate a Seeder |
| <input type="checkbox"/> Operate a Chain Saw | <input type="checkbox"/> Small Engine Repair | <input type="checkbox"/> Use a Transit |
| <input type="checkbox"/> Operate a Backhoe | <input type="checkbox"/> Electrical Wiring | <input type="checkbox"/> Lay Sod |
| <input type="checkbox"/> Operate a Four Speed Truck | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Lay Stone Flagging |
| <input type="checkbox"/> Operate a Skid-steer | <input type="checkbox"/> Carpentry Work | <input type="checkbox"/> Build Stone Walls |

Have you had professional work experience in any of the following areas? (Check those that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Landscaping | <input type="checkbox"/> Landscape Design | <input type="checkbox"/> Store Clerk |
| <input type="checkbox"/> Arborist Work | <input type="checkbox"/> Selling Plants, Shrubs, etc. | <input type="checkbox"/> Operating a Cash Register |
| <input type="checkbox"/> Pruning Trees & Shrubs | <input type="checkbox"/> Taking Cuttings | <input type="checkbox"/> Pricing Merchandise |
| <input type="checkbox"/> Fertilizing | <input type="checkbox"/> Transplanting Seedlings | <input type="checkbox"/> Preparing Cost Estimates |
| <input type="checkbox"/> Weeding | <input type="checkbox"/> Pinching Back Plants | <input type="checkbox"/> Computer Software(s) |
| <input type="checkbox"/> Potting Bare Root Material | <input type="checkbox"/> Watering a Greenhouse Range | <input type="checkbox"/> Typing (WPM____) |

If applicable, list any computer software programs you are trained or familiar with:

List any other training, abilities, talents or skills that you feel would benefit this company:

Do you smoke? _____ Do you have a medical marijuana card & need to use marijuana during work? _____

Do you chew tobacco? _____ (Optional) Do you use a vaporizer for nicotine? _____ (Optional)

Do you have a valid Maine State Driver's License? _____ Plate # _____

Driver's License Number _____ State _____

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

If yes, please explain. _____

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 drinking alcoholic beverages, smoking, chewing snuff, and using marijuana 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?

Why did you seek employment at Surry Gardens? Please write a detailed response in the space provided below. 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 (misdemeanor or felony) 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, please 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, please explain. _____

PHYSICAL RECORDS

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 _____ TELEPHONE # _____

ADDRESS _____

“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 COMPENSATIONS 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 workman's compensation for Surry Gardens as stated above.

DATED _____ SIGNATURE _____

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. These are allowed for workers starting at or before 8 AM and working until 5 PM or longer 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. This 30 minute break will automatically get deducted even if you forget to punch in/out for lunch.

DATED _____ SIGNATURE _____