

Smitherz Landscape

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Name (First) (Last) Mr. Ms./Mrs. _____

Current Address (Street) (City) (State) (Zip Code)

Phone No: _____ Home/Cell Email Address: _____

Are you authorized to work in the U. S.? YES NO

Are you over the age of 18? YES NO D.O.B: ____/____/____

EMPLOYMENT DESIRED

Position applying for: _____

Date you can start: _____

Are you available for full time work? YES NO

Are you available for part time work? YES NO

In addition to your work history, what other experiences, skills, or qualifications would qualify you to work with our company?

Are you available to work Saturday and Sunday? YES NO

Starting salary desired? _____ (hourly rate)

PROFESSIONAL REFERENCES: List 3 people not related to you who can comment on your work performance.

	Name	Address	Occupation	Telephone
1.)				
2.)				
3.)				

EDUCATION

Name of School: _____

Location: _____

Did you graduate? YES NO

CERTIFICATION AND LICENSES (list any professional licenses or certifications):

License: _____ License #: _____ Expires: _____

License: _____ License #: _____ Expires: _____

Mass DOT Medical Card: YES NO

EMPLOYMENT HISTORY (A resume may not be substituted but may be included as a supplement)

Are you employed now? _____ YES _____ NO

Begin with your most recent employment, including any present employment. Your present employer will not be contacted without your permission. You may include any verifiable work performed on a volunteer basis.

Any gaps in employment must be briefly explained.

Company Name: _____

Dates Employed: _____

May we contact? _____ YES _____ NO

Street Address: _____

Telephone: _____

Duties: _____

Job Title: _____

Supervisor: _____

Company Name: _____

Dates Employed: _____

May we contact? _____ YES _____ NO

Street Address: _____

Telephone: _____

Duties: _____

Job Title: _____

Supervisor: _____

Company Name: _____

Dates Employed: _____

May we contact? _____ YES _____ NO

Street Address: _____

Telephone: _____

Duties: _____

Job Title: _____

Supervisor: _____

IN CASE OF AN EMERGENCY, PLEASE NOTIFY

Name: _____

Relationship: _____

Telephone: _____

Address: _____

PLEASE READ BEFORE SIGNING

I understand that unless I attain permanent status pursuant to MGL Chapter 31 or am subject to the terms of a collective bargaining agreement, my employment will be at-will, which means that both **Smitherz Landscape** and I are free to terminate at any time for any reason non- statutorily prohibited reason or for no reason at all, with or without notice. I certify under the pains and penalty of perjury that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing, which, if disclosed, would affect this application unfavorably. I understand that any false statements, omissions or answers made by me on this application can result in my immediate termination.

I hereby acknowledge that I have read in full and understand the above statements and conditions of employment.

Signature of Applicant **Printed Name** **Date**