



# APPLICATION FOR EMPLOYMENT

DATE \_\_\_\_\_

**PERSONAL INFORMATION**

Name (Last name first)		Social Security No	
Present Address	City	State	Zip code
Permanent Address	City	State	Zip code
Phone No.	Date of Birth	Referred by:	
Drivers License No	Exp. Date	Class:	

**EMPLOYMENT DESIRED**

Position	Date you can start	Salary Desired
Are you employed? YES _____ NO _____	If so, may we inquire your present employer? YES _____ NO _____	
Ever applied to this company before? YES _____ NO _____	When?	

**EMPLOYMENT HISTORY**

NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS SCHOOL			

**GENERAL INFORMATION**

Are you PA Pesticide Licensed? YES _____ NO _____		Do you possess any horticulture credentials? If so, please list below.	
Subjects of special study or special training/skills			
US Military or Naval service		Rank	

**REFERENCES** – Please provide the names of three persons not related to you, whom you have known at least one year.

Name	Address	Business	Years known

**FORMER EMPLOYERS** (list below last four employers, starting with last one first)

Date – Month and year	Name & address of employer	Salary	Position	Reason for leaving
From				
To				
Job Description/Duties performed				
From				
To				
Job Description/Duties performed				
From				
To				
Job Description/Duties performed				
From				
To				
Job Description/Duties performed				

**AUTHORIZATION**

“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 and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.”

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_