## Asbury Gardens Landscape Division Employment Application 607-432-8703/ Fax 432-8767

Name		-			Date_		
Address							
Phone Number Employment Informatic							
Position Desired			Date Avail	able			
Salaried Desired							
Days available (please ci	ircle) Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Are you available to work ten hour days/		/overtime	?		Yes		No
Who referred you to us?							
Education: School & I High School College Other certifications etc.			·		Degree	e/Diplom	a
Work Experience: Begin	n with most rec	ent emplo	yment				
Employer	oyer Supervisor						
Address							
Length of Employment: F	-rom			То			
Reason for leaving							
Employer	nployer Supervisor						
Address							
Length of Employment: F	-rom			То			
Reason for leaving							
References: Please list	three						
Name		Address			Phone	e Numbe	er
Name		Address			Phone	e Numbe	er
Name	Address			Phone Number			

## **Health History**

Date of last Physical \_\_\_\_\_ Do you enjoy smoking ?\_\_\_\_\_ Do you have any conditions that could affect the safety of yourself or others while working ?

(if yes please explain	ı)					
Presently on any me	dication or drug	s that could a	affect the safety of yourself or	others wh	nile wor	·king?
(if yes please describ	be					
Do you have a valid o	drivers license?	Y/N	class			
Have you any driving	convictions or	restrictions?				
Have you ever been	convicted of a	crime?Y/N	If so, please explain			
<b>Experience</b> : Please hours, 2 = less than		less than 10	ience with the following: (If yes hours)	s, rate you YES	ırself - NO	
backhoe carpentry clerical graphic skills			retail experience small engine repair supervisory skills plant knowledge			

Please list any other skills or experiences that you feel would make you a more valued employee:

Please list hobbies and leisure time activities you enjoy:

## Five words to describe yourself:\_\_\_\_\_

To be read and signed by applicant

It is understood and agreed that if I am hired, it may be for a probationary period during which time I may be discharged without recourse. My signature certifies that I have completed this application and that all information is true and complete to the best of my knowledge.

Signature

Date

Employer comments: