



# EMPLOYMENT APPLICATION

E-mail address: mail@surrygardens.com



## PERSONAL DATA

DATE / /

NAME \_\_\_\_\_  
Last First Initial

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_ Are you a U.S. Citizen? Yes \_\_\_ No \_\_\_  
Optional

## 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			
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 & ornamentals       |

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 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 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.

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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. \_\_\_\_\_

## 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. \_\_\_\_\_

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## 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 \_\_\_\_\_