

Orrstown, PA 17244 (717) 530-8942

## APPLICATION FOR EMPLOYMENT

Provide all information requested by printing in ink. Please read carefully before you sign this application. False statements on this application form shall be considered sufficient cause for termination.

Qualified applicants receive consideration for employment without discrimination because of sex, marital status, race, color, creed, religion, national origin, age, the presence of a disability, or status as a disabled veteran.

## **GENERAL INFORMATION** Name (Last) (First) (Middle Initial) Home Telephone (Number and Street) (City) Other Telephone Address (State) (Zip) Are you legally entitled to work in the US? Social Security # Person to Contact in Case of Emergency (include Name and Phone Number) POSITION: Position or Type of Employment Desired (Full-Time/Part-Time) Date Available: Will you be able to perform the duties of the position Do you have a valid Commercial ☐ Yes ☐ No for which you are applying with, or without accommodation? Driver's License? ☐ Yes ☐ No Class: \_ Have you had any traffic violations in the past 5 years? ☐ Yes ☐ No Have you ever been convicted of a felony or misdemeanor? ☐ Yes ☐ No Describe: Applicable License, Certificate or Registration? Number Where Issued Date of Issue **Expiration Date SPECIAL SKILLS** (List all pertinent skills and equipment that you can operate) WORK EXPERIENCE (Include any work experience that is applicable to Landscaping/Lawn Maintenance) EMPLOYER Name and Address Telephone Number Dates of Employment Hours Per Week Supervisor Specific Duties Reason for Leaving

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EMPLOYER Name and				
Address				
Telephone Number	Dates of Employment	Hours Per Week	Supervisor	
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Specific Duties				
Reason for Leaving				
EMPLOYER Name and				
Address				
Telephone Number	Dates of Employment	Hours Per Week	Supervisor	
Telephone Funder	Dutes of Employment	Tiours Fer Week	Supervisor	
Specific Duties				
Reason for Leaving				
Are you currently emr	ployed? ☐ Yes ☐ No If yes, ma	av we contact vour pre	esent employer? $\square$ ver $\square$ No	
The you currently emp	noyea:   les   No 11 yes, me	ay we contact your pro	sent employer: 🖂 les 🗀 No	
I swear all statements	are true and correct. I understa	and that false informa	tion may be cause for dismissa	l
1 Swear an statements	are true una correct. I unacrou	and that raise informa	iron may be eause for distinissa	•
Signature of Applican	t		Date	
Interviewer's com	mante:			
interviewer's confi	ments.			