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“Where Quality and Service are Grown”

Office Mailing Address:

561 West Main Ave. Myerstown PA 17067-2334

Fax 717-866-8688, or

Email: Accounts@AlthousesNursery.com

Employment Application

Full Name: _____

Address: _____

Phone Number: _____ Social Security Number: _____

Date of birth: _____ Valid License # _____

Are you legally authorized to work in the United States? ☐ Yes ☐ No

Do you have a valid PA driver license? ☐ Yes ☐ No

Have you ever been charged or convicted of a Felony or DUI. Explain:

What position are you applying for? _____

If you are hired, when can you start work? _____

EDUCATION High School

Name of School: _____

Location: _____

Number of years attended: _____

Did you graduate? ☐ Yes ☐ No Date of graduation: _____

Trade School

Name of School: _____

Location: _____

Number of years attended: _____

Did you graduate? ☐ Yes ☐ No Date of graduation: _____

College

Name of School: _____

Location: _____

Number of years attended: _____

Did you graduate? ☐ Yes ☐ No Date of graduation: _____

What degree did you earn? _____

Other

Name of School: _____

Location: _____

Number of years attended: _____

Did you graduate? ☐ Yes ☐ No Date of graduation: _____

What degree did you earn? _____

EMPLOYMENT HISTORY

Beginning with your most recent employment and working back in time, please give the following information:

Employer 1

Employer: _____

Address: _____ Phone: _____

Job Title: _____ Gross Salary: _____

Duties: _____

Dates of Employment: _____

Supervisor: _____

Reason for Leaving: _____

Employer 2

Employer: _____

Address: _____ Phone: _____

Job Title: _____ Gross Salary: _____

Duties: _____

Dates of Employment: _____

Supervisor: _____

Reason for Leaving: _____

Employer 3

Employer: _____

Address: _____ Phone: _____

Job Title: _____ Gross Salary: _____

Duties: _____

Dates of Employment: _____

Supervisor: _____

Reason for Leaving: _____

PERSONAL REFERENCES please provide the names of two references that have not employed you and are not related to you.

Reference 1

Name: _____

Address: _____

Telephone Number: _____

Relationship: _____

Reference 2

Name: _____

Address: _____

Telephone Number: _____

Relationship: _____

ADDITIONAL QUALIFICATIONS

Please tell us about any other training, education, skills or achievements that you feel should be considered.

Brief summary of your expectations if employed by Althouse’s Nursery:

My answers are true and complete. I understand that if I am hired, any false or incomplete statements in this application will be grounds for immediate discharge.

Date: _____

Applicant's Signature: _____