

Fox Hill Gardens Nursery and Landscaping

1035 Fox Hill Road ✕ State College, PA 16803 ✕ (814) 237-9087

Application for Employment (Sales, Potting, or Landscaping)

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(Please Print)

Date of Application _____

Position(s) Applied For

Name _____
Last First Middle

Present Address _____
Number Street City State Zip

Telephone Number(s) _____
Day Evening Best time to call

Email Address _____

Social Security Number **__ Please provide on request __**

Are you a U.S. Citizen? Yes () No () If No, do you have a Registration Card or a valid U.S. work permit? Yes () No ()

If you are under 18 years of age, can you provide required Proof of your eligibility to work? Yes () No ()

Are you currently employed? Yes () No ()

May we contact your present employer? Yes () No ()

On what date would you be available to work? _____

Are you available to work: Full Time ____ Part Time: Indicate # of hours ____

Have you been convicted of a crime (incl. DUI), other than a traffic violation? Yes () No ()
Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain _____

IF YOU HAVE SUBMITTED A RESUME, YOU NEED ONLY COMPLETE THE SECTIONS BELOW AND ON THE FOLLOWING PAGE THAT PROVIDE INFORMATION NOT INCLUDED IN THE RESUME.

EDUCATION				
School				Diploma/ Degree
High School				
Undergraduate College				
Graduate/ Professional				
Other (Specify)				

Work Experience
 Start with your present or last job. Include any job-related military service assignments and volunteer activities.
 You may exclude race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Dates Employed		Work Performed
	From	To	
Address	Hourly Rate/Salary		
Telephone Number(s)	Starting	Final	
Starting/Present Job Title			
Supervisor			
Reason for Leaving		May we contact? $\frac{1}{2\pi}$ Yes $\frac{1}{2\pi}$ No	
Employer	Dates Employed		Work Performed
	From	To	
Address	Hourly Rate/Salary		
Telephone Number(s)	Starting	Final	
Starting/Present Job Title			
Supervisor			
Reason for Leaving		May we contact? $\frac{1}{2\pi}$ Yes $\frac{1}{2\pi}$ No	
Employer	Dates Employed		Work Performed
	From	To	
Address	Hourly Rate/Salary		
Telephone Number(s)	Starting	Final	
Starting/Present Job Title			
Supervisor			
Reason for Leaving		May we contact? $\frac{1}{2\pi}$ Yes $\frac{1}{2\pi}$ No	

Comments: Include explanation of any gaps in employment.

Describe any specialized training, apprenticeship, and skills supporting your qualification for this position.

Describe any job-related training received in the United States military.

List professional, trade, business or civic activities and offices held.

You may exclude membership, which would reveal gender, religion, national origin, age, ancestry, disability or other protected status.

List extra-curricular activities or hobbies.

Additional Information

Other Qualifications Summarize special job-related skills and qualifications acquired from employment or other experience.

Personal/Professional References

Do not include family members or spouse.

Name	Relationship	Phone Number	Best Time to Call	Occupation
1.				
2.				
3.				

PERSONNEL QUESTIONNAIRE

1. What type of work did you do in your last job? _____

2. Why did you leave your last job? _____

3. What would you change about your previous supervisors' management style? _____

4. What would you like to be doing 3 years from now? _____

5. What are your strong points as related to the workplace? _____

6. Are there any restrictions on the hours you are available to work? _____

7. What specific types of equipment are you experienced with? _____

8. Do you have a current valid Driver's License? # _____

Class _____

9. Do you have experience driving a manual transmission (stick shift) vehicle? _____

If Yes, specify duration and frequency. _____

10. Do you own a vehicle or have full access to a vehicle? Please specify. _____

11. Have you performed manual/physical work previously? Please specify. _____

12. The retail division of this business depends on employees to be available on certain holidays from late March to possibly late November. Work hours are generally 9 AM to 6PM (nursery) or 8 AM to 5:30 PM (landscape). Are you able to work:

	YES	NO
Good Friday	_____	_____
Easter	_____	_____
Mother's Day	_____	_____
Memorial Day	_____	_____
Father's Day	_____	_____
4 th of July	_____	_____
Labor Day	_____	_____

13. Similarly, the business depends on employees to be available on one or both weekend days, primarily from early April through June, and to a lesser extent July through November. Would you be available during these times? (Note: Landscaping crew does not work Sundays.)

Please list any weekend day(s) you foresee that you would not be available to work.

14. Please list any dates you are aware of that you would not be available to work, i.e. vacation, personal/family commitments, etc.

WELLNESS INFORMATION

Physical/Mental Fitness:

Fox Hill Gardens requires that each employee be physically qualified to perform the tasks required by the job. While employees are not expected to work in unsafe conditions, applicants will work full days doing physical work in heat, cold, and moderate snow and rain. You will be asked to do repetitive movements and to lift up to 40-50 lb. (although team lifting is recommended, as is working at a sustainable pace.) This job requires dexterity and clear thinking, as much as is possible. We work together to help each other when one of us has an "off" day, but we expect each other to be mentally and physically fit as consistently as possible.

Are you able to meet the above requirements?

Note: If you take a medication that can cause drowsiness, dizziness, or photosensitivity, or have any condition that might put you/others at risk when doing a physical job, we encourage you to check with your provider to decide whether this job is right for you.

While this job can be physically demanding, certain limitations can be accommodated. You are not required to share personal medical information; however, if there's anything you'd like us to know, in terms of needing minor accommodations, please describe below. Note that scheduling can allow for appointments; we encourage employee wellness.

Drugs/Alcohol:

Fox Hill Gardens requires that each employee is free from the effects of drugs or alcohol while at work. We also ask that your behavior outside of work does not negatively impact your mental and physical fitness at work. Being intoxicated in any way while at work is grounds for dismissal. Suspected intoxication may merit drug and alcohol screening. All employees must consent to drug and alcohol screening if their employer suspects they are working while under the influence. Please sign below to acknowledge your consent.

Signature

Date

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 15 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my resume, application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules, regulations, and policies of the employer.

STATEMENT AND SIGNATURE

In completing and submitting this application I understand and agree: That any misstatement of facts will be sufficient reason for immediate withdrawal of this application or, in the event of employment, be cause for termination. That my previous employers or other references may be asked for information concerning my employment, ability, and experience. That if employed, I may be required to furnish proof of age by birth certificate or other official form. I agree to abide by all rules/regulations set forth by Fox Hill Gardens. That Fox Hill Gardens shall be entitled to receive reports concerning injury or illness from attending physicians and practitioners.

Signature

Date

DO NOT WRITE IN THIS GRAY AREA (COMPANY USE ONLY)

Application Accepted By _____ Logged By _____ Date _____

Interview date/time _____ Date of Employment _____

RP _____ Referral _____

Position _____ Employee # _____