

Fox Hill Gardens

Nursery and Landscaping

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

Application for Employment

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 ____

Could you work part time if full time is not available: Minimum hours acceptable ____

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	Name and Address of School	Course of Study	Years Completed	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 any 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?

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.

MEDICAL INFORMATION

Fox Hill Gardens requires that each employee be physically qualified to perform the tasks required by the job.

Have you ever been compensated for a work-related injury? Yes () No ()

If Yes, please explain _____

Fox Hill Gardens requires that each employee is free from the effects of drugs or alcohol while performing the tasks required by the job. As a condition of employment, each employee may be required to take a drug-screening test at the time of employment, or at any other time at the discretion of the company.

I hereby consent to a pre-employment drug and alcohol-screening test, and certify that, to the best of my knowledge, the foregoing answers are complete and correct. I understand and agree that any omission of this record may be cause for the disqualification of my application, or termination. Furthermore, if employed, I hereby authorized Fox Hill Gardens to require me to take drug and alcohol screening tests in accordance with the current Company Policy covering drug and alcohol abuse. I understand that my refusal to take drug-screening tests as required by the current Company Policy shall result in my immediate discharge.

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 # _____