

Employment Application



**8716 Alizarin Avenue
Cicero, NY 13039
315.559.3141**

Date:
 Name:
 Address:
 City:
 State & Zip:

Home Phone: Hours Available: Full Time Part Time
 Cell Phone: Can you work overtime? Yes No
 SS Number: Have you applied here before? No Yes When?
 Are you a U.S. Citizen? Yes No If no, are you authorized to work in the U.S.? Yes No

Positions Desired: Date Available:

Education:

Type of School:	Name of School and Complete Address:	No. Years Completed	Major or Degree:
High School:	<input type="text"/>	<input type="text"/>	<input type="text"/>
College or Trade School:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other:	<input type="text"/>	<input type="text"/>	<input type="text"/>

Do you Have a Valid NYS Drivers License? Yes No CDL License? Yes No

Have you had any Vehicle Accidents in the last 3 Years? No Yes (List Dates and Explain):

Have you had any Moving Violations in the last 5 Years? No Yes (List Violations and Dates):

Have you been Convicted of a Crime? No Yes (List Dates and Explain)

Do you have any existing medical conditions that could prevent you from doing this type of work? No Yes

If yes, describe in full:

Check all which you have experience with:

- Zero Turn Mower String trimmer Leaf Blower Trailer Towing Skid Steer Reading Design Plans
 Snow Plowing Hardscapes Softscapes Pruning Chain Saw Equipment/Vehicle Maintenance

Other Skills:

Please list 3 references other than relatives and previous employers:

Name:	Occupation:	Years Known:	Phone:	Address:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Previous Employment: (List 3 most recent)

Name of Employer:			
Employment Dates: From:		To:	Wage:
Address:			
Phone #:		Name of Last Supervisor:	
Last Job Title:			
Specific Reason for Leaving:			

List your responsibilities, skills used and learned, advancements and promotions while at this job:

May this employer be contacted? Yes No

Name of Employer:			
Employment Dates: From:		To:	Wage:
Address:			
Phone #:		Name of Last Supervisor:	
Last Job Title:			
Specific Reason for Leaving:			

List your responsibilities, skills used and learned, advancements and promotions while at this job:

May this employer be contacted? Yes No

Name of Employer:			
Employment Dates: From:		To:	Wage:
Address:			
Phone #:		Name of Last Supervisor:	
Last Job Title:			
Specific Reason for Leaving:			

List your responsibilities, skills used and learned, advancements and promotions while at this job:

May this employer be contacted? Yes No

Disclaimer & Signature

The information I have provided in this application is true, correct and complete. Any false, incomplete or misrepresented information of any kind will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for my immediate dismissal.

I authorize Sharp Blades Outdoor Services to contact and obtain information about me from previous employers, educational institutions and references I have provided, and other party (including a license check with the Department of Motor Vehicles) necessary to verify the accuracy of information provided in this application. I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking and using information to evaluate my employment request and all other persons, corporations or organizations who provide information for this purpose.

I understand that this application is not an employment agreement. If I accept and offer of employment, I understand that Sharp Blades Outdoor Services (the employer) may terminate my employment at any time, with or without cause and without prior notice, unless required by law.

By checking the box, signing and dating below, I indicate that I fully understand and accept all terms and conditions in the above statement.

Check to accept

Signature:

Date: